

JOURNAL OF NURSING

Jocularity

The Humor Magazine for Nurses

Volume 5, Number 1 - Spring, 1995

So You Want To Be A
NURSE EXECUTIVE
page 6



THE JOURNAL OF NURSING JOULARITY®

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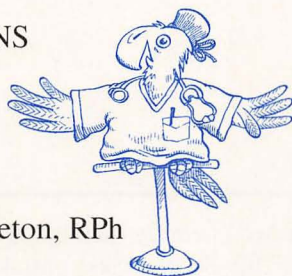
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EDITOR'S NOTE

A Time of Predictions and Resolutions 1995 is here. Auspicious. The countdown to the millennium begins. What will the future bring for nursing?

We know that somewhere a shift will be understaffed, an annual raise will not be given and a hospital will close. Somewhere, a child will have physical pain, a woman who could have been saved will die and a man will see no reason for living. Somewhere, a nurse will turn to alcohol for comfort.

I'm not a prophet. But it doesn't take one to know that change is in the air. Our health care system is reorganizing. The players, the rules, even the game boards are changing. Change means stress. And stress means more opportunities for humor. More fear. More anxiety. More shared pain. I predict we will all laugh more in 1995.

I predict, somewhere, a nurse will stimulate her co-workers' morale out of helplessness into enthusiasm. Somewhere, a nurse will transform a physician into a colleague. Somewhere, a nurse will tickle The System into providing patient-centered care.

And what are our responsibilities in this process?

John Lennon described the problem years ago, "How can I go forward when I don't know which way I'm facing?" How do we know which way is forward? Listen to the laughter. Sometimes, the laughs are loudest where the tension is greatest. At other times, the tension keeps us from experiencing any humor at all. The laughter, or absence of laughter, will lead us forward.

Let us resolve to laugh at the things we cannot change, and change those we have trouble laughing about.

Let us resolve to practice what we preach. Do you urge your patients to exercise? Improve their diets? Balance work and play?

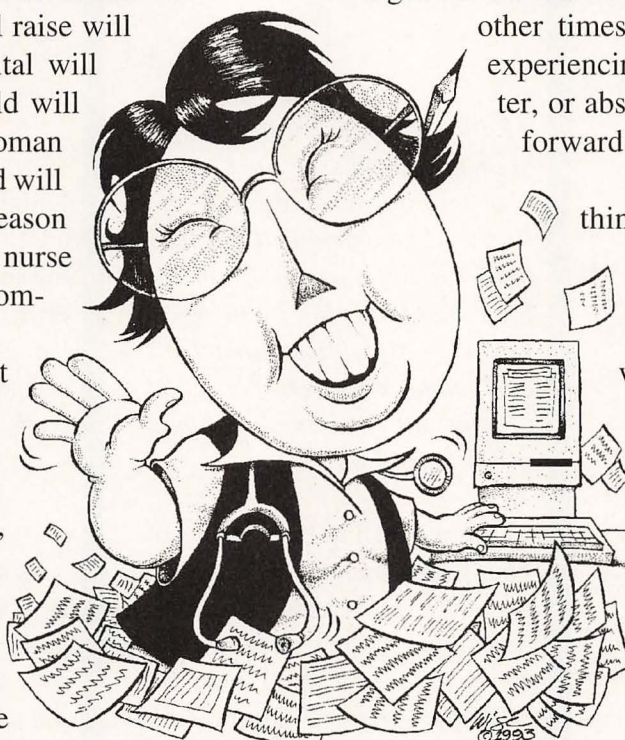
Let us resolve to use humor to break the tension, instead of anger to escalate it. To build bridges instead of bombing them.

Let us resolve to reframe every problem into a challenge.

Or at least put it into perspective.

Let us resolve to look for the silver lining, see the glass half-full and make lemons into lemonade. Or at least use the squid as bait.

Let us resolve to start the shift with a smile.

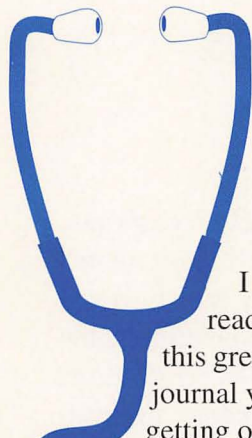


Fran London

Fran London, MS, RN
Editor

Stethoscope:

Listening to our Readers



I really enjoy reading the issues of this great magazine/journal you people are getting out to us. Everything you write about does happen. I'm glad someone is actually writing about it.

The last issue I had to share with all the other in the office. There was an article about JCAH and State Surveyors, that was right on key. Yes, we too in the Licensing and Certification Department of the State of California have a sense of humor. Well, some of us do. Thank you for making me laugh 'till I cry sometimes.

*Terri Russell, RN
Health Facilities Evaluator
Fresno, CA*

Thank you for producing a consistently excellent publication. Your magazine is adding something rapidly disappearing from medicine today—fun!

*Leo A. Gordon, MD
Los Angeles, CA*

My family, friends and co-workers tell me I have a fine sense of humor. I've nursed for over 25 years and find many humorous situations even in some very strenuous moments. I find your magazine very short on

humor. I find it humiliating, demoralizing, degrading and in part just gross. I could never include these traits in my idea of humor. One of us is missing the boat. Hope it's not me but in the mean time, please accept the return of my first magazine and cancel my order for subscription.

*Barbara T. Coop
Williamsport, PA*

Editor's note: I prefer to think neither of us missed the boat. Can't we just have different tastes? Some people don't like broccoli, but that doesn't mean it's a bad food. We invite Ms. Coop to write a funny article, and submit it to JNJ. We'd like to offer our readers a full menu of humor options!

I am requesting back issues of your magazine. I love this magazine, and eagerly await each new issue. I work in an emergency room in a small town, in the Mojave desert. Your "Rules of ER Etiquette for Patients and Visitors" is more true than people would believe. People say the dumbest things at the weirdest times for the strangest reasons. But, that's what makes work fun!

I could go on and on, but I'd never get to my laundry, and then what would I wear to work?

Thank you again for brightening up my nursing days, and nights too.

*Cindy Thulin, RN
Barstow, CA*

Please cancel my subscription to the *Journal of Nursing Jocularly*. I received my first issue and was extremely disappointed and choose not to continue my subscription.

*Donna L. Donahey
Pottsville, PA*

Editor's note: What disappointed you? What did you expect? Please give us details!

Please keep the laughs coming! Laughter has gotten me through a lot of long hard shifts. Working in the ER you tend to get a bit warped in your humor and I'm glad to know I'm not alone!

Thanks lots! Keep up the good work!

*Terri Gammage
Silver City, NM*

As a recent graduate from a BSN program in California, I am making applications all over the state for PHN positions. In one job description I received, the educational requirements for Public Health Nurse IV read as follows: "Education: Graduation from a recognized college with a Master's degree in nursing or public health."

*Barbara Savage, RN
Redondo Beach, CA*

Editor's note: I could say something predictable about how this requirement does not surprise me, since it comes from California. But that would only reinforce stereotypes.



Since I've had my subscription to JNJ I know of two other nurses from my hospital and maybe more who have subscribed. We all love your magazine, and in our profession we need humor. I always bring mine to work, just in case I might have a slow night.

Waiting (already) for my next issue. Keep up the good job. You are appreciated.

*Lois Hennigan, LVN
Orange, TX*

I have been an avid reader of your magazine since last year. I find it very refreshing and many of your articles have me and my husband laughing so hard we've had tears in our eyes. JNJ is just a terrific magazine and should I come across an interesting anecdote, I will be sure to forward it to you.

*Karen M. Werlau, RN
Beacon, NY*

I am one of many struggling nursing students — your magazine is a great stress reduction tool! Yours was the first magazine I submitted to and I've found it to be just as enlightening as RN or AJN. Thanks.

*Stephanie Parnell
Valparaiso, IN*

Editor's Note: Stephanie submitted the following caption to our Punchline Puzzler this issue (see page 39). "With a skillfull flip of the wrist, nurse Bruce assesses Mr. D. Menchia to have full range of motion in all extremities and appropriate affect." It wasn't one of the

winning captions, but it was in the top 10. Stephanie, thanks for the kind words and the laughs.

How does one go about receiving permission from your witty artists to use their cartoons? The code blue committee at my hospital has a newsletter in which we would really like to include some of your cartoons.

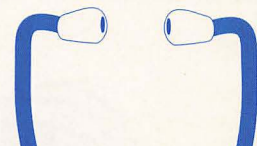
Any information you have regarding the use of cartoons featured in your magazine would be greatly appreciated. By the way, I've subscribed to JNJ for many years and appreciate it more each year. Keep up the good work!

*Mary Beth Hutcheson, RN,
BSN
Klamath Falls, OR*

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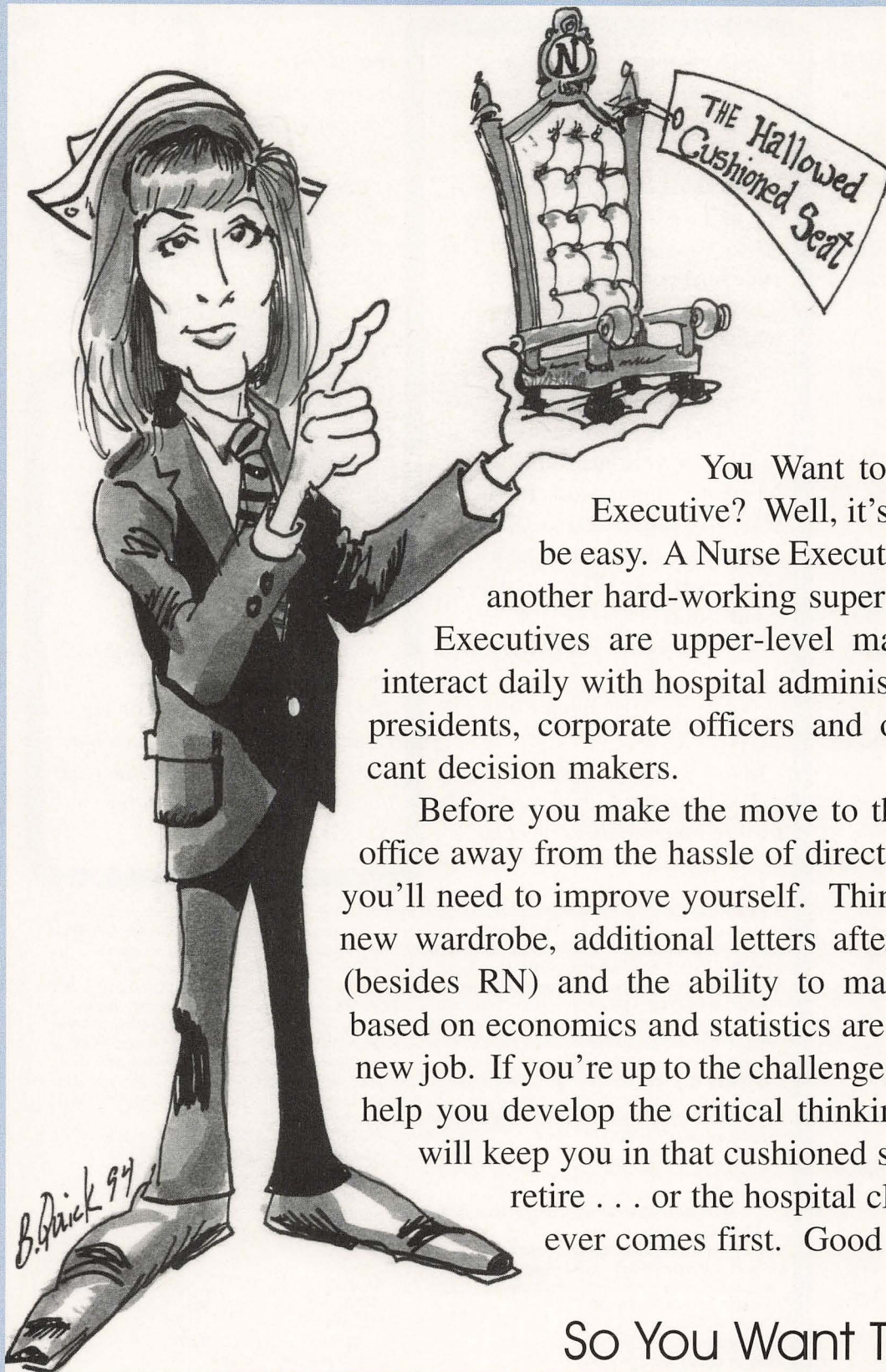
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F. Total Free Distribution	109	62
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You Want to Be a Nurse Executive? Well, it's not going to be easy. A Nurse Executive is not just another hard-working supervisor. Nurse Executives are upper-level managers who interact daily with hospital administrators, vice-presidents, corporate officers and other significant decision makers.

Before you make the move to that luxurious office away from the hassle of direct patient care, you'll need to improve yourself. Things such as a new wardrobe, additional letters after your name (besides RN) and the ability to make decisions based on economics and statistics are vital to your new job. If you're up to the challenge, this test will help you develop the critical thinking skills that will keep you in that cushioned seat until you retire . . . or the hospital closes, whichever comes first. Good luck!

So You Want To Be A

NURSE EXECUTIVE

by John Riva, MBA, BSN, RN

Circle the best answer.

1. As usual, the operating budget in your hospital is very tight and the CEO demands spending cuts. You want to augment the Nursing budget shortfall without resorting to more staffing reductions. Your knowledge of creative financing tells you to:

- A. organize the best damn bake sale this hospital's ever seen.
- B. set up a carnival fund-raiser, with yourself and some crabby doctors in the dunk tank.
- C. open a drive-through enema clinic.
- D. establish a spook-house in the morgue at Halloween and charge a hefty admission.

2. The best reason to make rounds of all units is:

- A. to catch up on all the hot gossip.
- B. to make it look as if you actually care what's going on.
- C. to catch a glimpse of that hot new resident.
- D. to get out of your office while it's being repainted and refurbished.

3. All nurse executives must support the BSN for entry into practice. If drawn into a debate over the merits of this, your best rationale would be:

- A. someday you'll probably get fired and a mandatory BSN would ensure plenty of teaching jobs for you at colleges offering BSN programs.
- B. you were tortured with all that nursing theory and turned out OK.
- C. any idiot can put a patient on a bedpan, but only a BSN can write "Alteration in Elimination: Diarrhea" in the care plan and really understand it.
- D. BSN nothing! The MSN should really be the minimum requirement!

4. Uh-oh! You have union trouble! To defuse ill-will and foster that team-building attitude:

- A. host a pool party at the administrator's upscale home.
- B. have walking rounds on Friday afternoons in a jester costume and tell jokes to the staff.
- C. find out who nicknamed you "hemorrhoid face" and make an effort to befriend that person.
- D. hire a hypnotist to broadcast messages of camaraderie over the hospital's P.A. system.

5. Computers are:

- A. a neat way to send jokes to your pals via e-mail.
- B. a nice source of accent lighting if the screen colors complement the office drapes.
- C. all right as long as you don't have to dust them.
- D. fine as long as you don't chip your fake fingernails on the keyboard.

6. You are in the process of hiring a new mid-level nursing manager. You notice the following name and credentials on the resumé: "Beatrice Firmera, RN, MSN, FAAN, CVS, CNA." What does this mean to you?

- A. this person has been in school too long—don't hire her.
- B. this person will likely be a know-it-all—don't hire her.
- C. this person lacks reality-based experience—hire her. You'll need a scapegoat if you screw up.
- D. this person will probably get your job if you hire her—so you don't.

(continued next page)

7. The nurses are angry. Staff cuts have hurt morale and increased workload. While they vent their frustrations during hospital-wide meetings with you and other managers, which response would indicate a caring, understanding attitude on your part?

- A. "I hear what you're saying. There's no need to use sign language."
- B. "Cheer up! It might be worse next year."
- C. "I see what you're throwing."
- D. "Just give the same care to the patients that you would to your poor old mother if she were in that bed."

8. Use your knowledge base to translate the nursing process into the vernacular of business and management.

- A. assess, plan, implement, and fault subordinates if the plan fails.
- B. argue against change, resist change, pretend to accept change, go along with change but undermine it if possible.
- C. try like hell until you're fully vested and you get that company-leased Lexus, then slack off and enjoy.
- D. bitch, blame, bastardize, badger and berate.

9. As a nurse executive, your physical fitness is an example to all you work with. The muscle groups that you will use most on the job will be:

- A. neck muscles, since you'll be nodding yes a lot to the administrator and the doctors.
- B. arm muscles, since you'll be rubber-stamping quite a few proposals.
- C. shoulder muscles, because it'll seem that you're carrying a heavier load.
- D. back muscles, due to constant compression against the wall.
- e. all the above.

10. The hottest new buzzwords in nursing management today are:

- A. CQI and TQM.
- B. empowerment and co-motivators.
- C. shared governance and career paths.
- D. scotch, gin and vodka.

11. Nursing Diagnoses are really, really important because:

- A. they help RNs develop large and impressive vocabularies, just like doctors!
- B. they reinforce the perception that NANDA headquarters is in an ivory tower someplace.
- C. they take RNs away from the bedside and turn them into writers and typists, which could lead to a more rewarding career.
- D. someday, somewhere, someone will find out the real reason they're important, and then all those who dared scoff will suffer.

12. As a Nurse Executive, you are expected to be knowledgeable in any topic related to health care. When drawn into a debate over something called "Managed Care," your ideal response would be:

- A. "I'm meeting with the administrator about that. Ask me later in the week."
- B. (with a knowing wink) "Whenever we can manage to reduce care to our patients and increase profits, it's okee-dokee with me."
- C. "Honey, I've been a nurse so long, it's amazing that I can manage to care about anything."
- D. "Managed care just makes more sense. If we go to a single-payer system, everybody who married might go without coverage."

ODE TO THE SWAN GANZ

BY MARY ALICE JOHNSON, MS, RN

Oh, to get what I really desire,
A ten minute Swan Ganz, after the guide wire.

With my fingers poised for hours on the pigtail,
I pray into the pulmonary artery it will sail.

But alas, much to my chagrin,
It's curled into the ventricle again.

Oh when, oh when do we get a machine of fluoro,
Until then, I'm stuck with Zorro!

Oh, to count the time it's taken,
Oh, to stop my feet from achin'.

As I stand my veins do poke,
Through support hose so tight I choke.

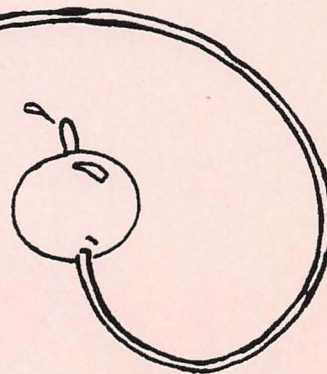
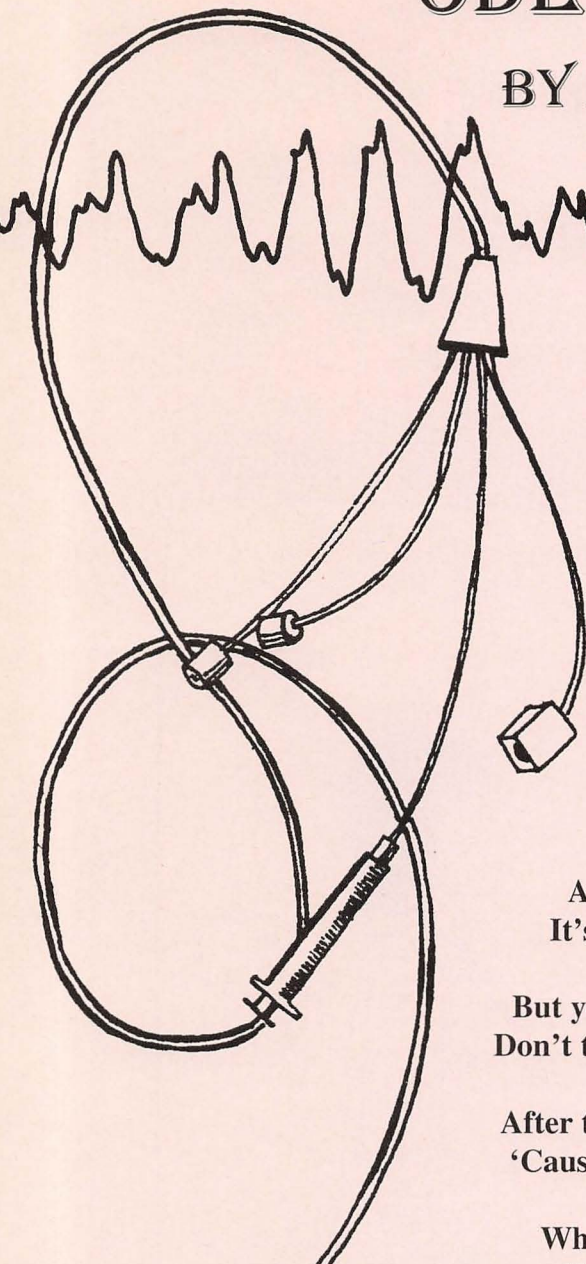
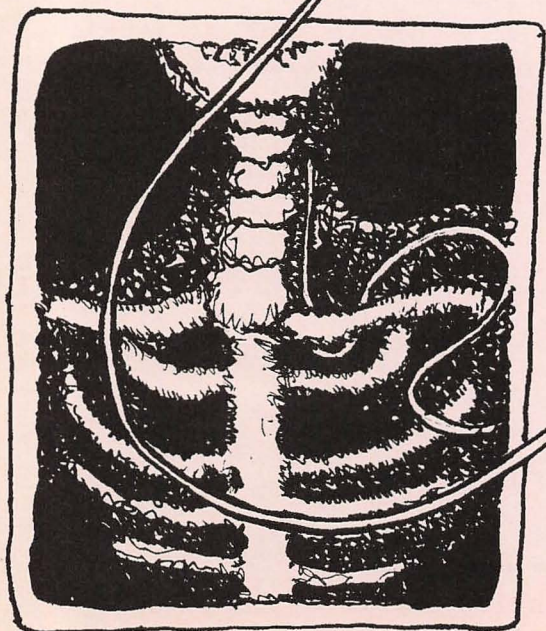
A waveform appears, but it is poor.
It's in the pulmonary artery. Of that they're sure.

But you just wait . . .
Don't take the bait.

After the chest x-ray, you can sneer,
'Cause you knew it was headed for the ear.

When they're done and it's in place,
You hope and pray there is no disgrace.

'Cause if there is you'll see them swoon.
When you say they've broken the balloon.



Maimography:

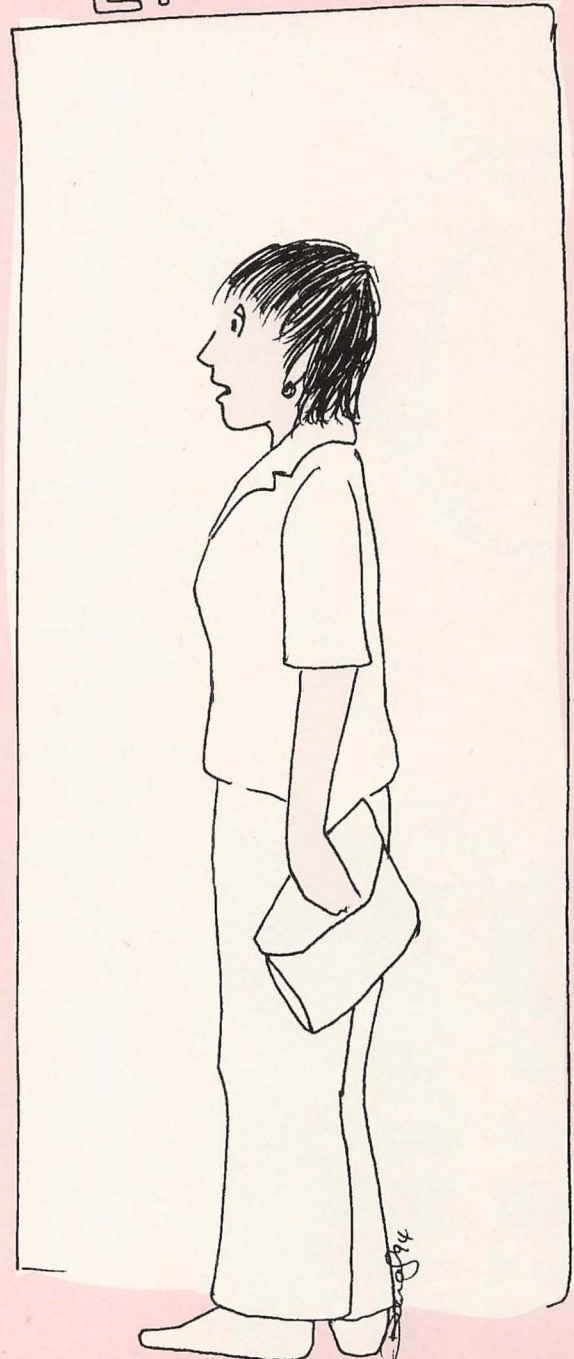
The Pancake Pose

by Joy Lomax Martin, EdD, MPA, RN

EXIT



ENTRANCE



Although heralded as a life-saving breakthrough, the mammography examination ranks right up with the rack, Chinese water torture and being tied to a stake in a bed of fire ants. Surely, the first exam is the last for any normal female. Only the most masochistic would return for a second test, much less every year!

Hot debates in beauty salons and at Tupperware parties argue over who suffers the most pain: the ample breast, the Whopper or the A-minus cup size. Regardless of the proportions, all agree that it is the most demoralizing, dehumanizing and degrading examination that the female must endure. And this includes the Pap smear.

Consider the scene: You are stripped to the waist (if you had the foresight to wear a two-piece outfit), standing in the middle of a large room. An assistant technician stands hypnotized in the corner, obviously fascinated by your profile. Without warning, another technician reaches across the bosom-high ironing board in front of you and grabs a handful of breast. I have treated roasts at the meat counter with more respect and gentleness.

"Stand close to the machine," she says. This is certainly a good idea. Your bosom has already been pulled in that direction.

A large plastic shield, reminiscent of the plastic floor protector under your desk chair, is placed over your hapless bosom. Then, a truck is driven slowly over the shield. Your double-D breast becomes a painful D-flat. When your breast is about the height of a grilled cheese sandwich, you are instructed to hold your breath. This is seldom necessary. If you are still conscious, you have not had a breath in several minutes.

Fainting is a concern, because it puts your

bosom at risk for being pulled off at the shoulder. Another concern is that someone will open the door behind you and recognize your posterior. These concerns are short-lived, however.

The image is taken and the breast is readied for vertical molding. The shield is rearranged to attack from the side. In a matter of seconds, your profile is changed from place mat to bumper guard.

Worse yet, if you have two breasts, the procedure is repeated. Unless you hide the other breast.

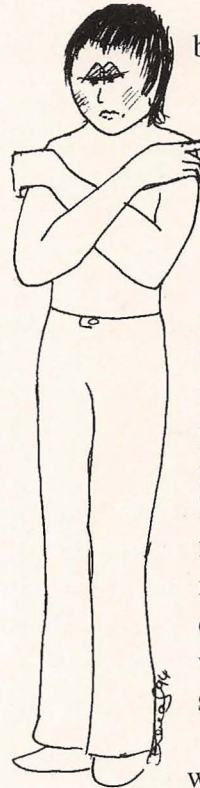
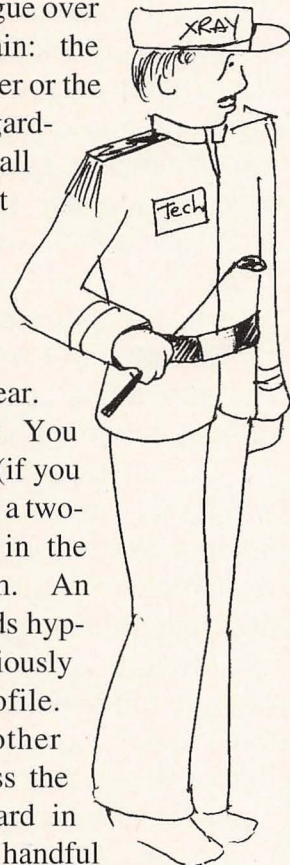
I did consider tucking it under my arm and telling the technician it had been removed. This is difficult to do.

When the procedure is completed, your gown is tossed back to you. You leave the room, wait, and perhaps are privileged to get a glimpse of the prints of the process. They look like eclipsed views of the earth from a space ship, and would make interesting place mats or conversation pieces for the den wall. Quite appropriate next to a stuffed moose head.

If I were given the choice, I would prefer surgical removal of the breast to having another mammography. At least, I would receive flowers, morphine and, most of all, sympathy for my pain. I feel certain this test was conceived in one of the prison camps of W.W.II or the bedroom chamber of Marquis de Sade.

Surely, scientists who could put a man on the moon and produce the hula hoop could improve this test. If females conducted the research, the problem would have been addressed long ago. Why is no comparable test used to screen for testicular cancer?

Each woman who has a difficult time with this procedure will tell dozens of others about the pain and lack of privacy and respect. Women will delay going to their physicians and refuse to submit themselves to testing. Women who share their responses to mammography will effectively prevent the reduc-



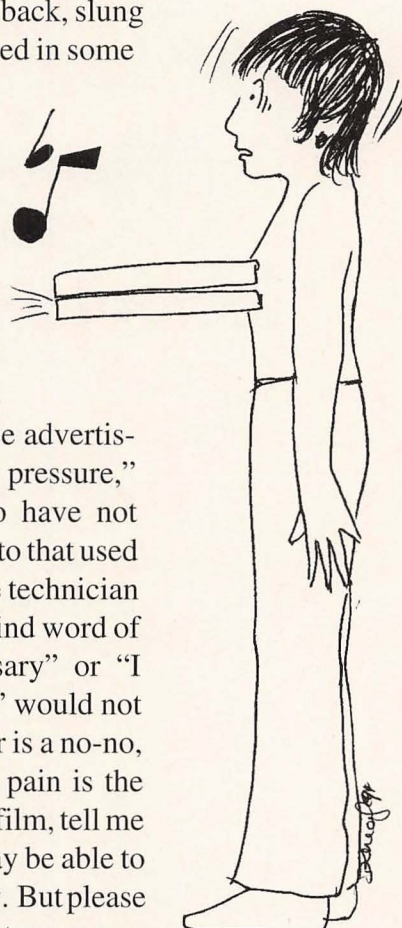
tion of the incidence of advanced breast cancer.

What can be done? Mammography would be less of a side-show if there was only one technician, or if a screen was placed around one technician and the patient. Most people would prefer to keep the gown on, ties back, slung over the ear, or abbreviated in some alternative manner. A pair of dress shields would beat standing in the middle of the room like Rambo.

Brochures claiming that soft, foam-rubber cones are used to hold your breast in position are examples of false advertising. The "gentle, firm pressure," described by those who have not experienced it, is similar to that used in baling hay. Unless the technician is enjoying the show, a kind word of "Sorry, but it is necessary" or "I know that this is painful" would not be out of place. Laughter is a no-no, but silence is worse. If pain is the measure for a successful film, tell me at the beginning and I may be able to stand the pain more easily. But please tell me, lest my stoic nature causes me to have my bosom flattened beyond recognition and re-inflation.

Finally, let me place my breast where it should be. I cherish these appendages as the feeding place of my young and the cleavage plane for my long pearls. Whether out of impatience, embarrassment, distaste or ignorance, the technician who handles my bosom as though it were not attached to me, has not gained a friend. After all, we are not sand-bagging the Mississippi!

Although most women would feign embarrassment, they would probably agree that it might be wise to have a handsome, young man perform this test. He would certainly be more adept and accustomed to moving the items in question with reverence. (I completed this part of the article in 1986.)



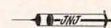
Just as the oyster spins a smooth coat over an irritating intrusion into his home to create a pearl, so it is possible for a person to spin a protective coat of humor around irritating intrusions into his or her life. Being able to laugh at one's predicaments is the greatest coping mechanism there is.

This article was written several days after I had a mammography in the hospital at which I was employed as Patient Education Coordinator. The Chief Tech of the Radiology Department was on my Patient Education Committee, and I told him of my experience with the test. He laughed uproariously and insisted that I write it down. He wanted to use it with the students in the Radiology School. He also passed it along to his chief, the Department Head of Radiology. Since that time, it has been copied and re-copied for friends and friends of friends.

Do not use this article in patient and community circles. It would not encourage patients to have the test, although it has been known to soothe the ruffled feathers of those experiencing similar treatment. However, this article can be valuable. In my case, it caught the attention of administrators who could make changes. Our mammography room was supplied with screens around the machine. The number of techs was reduced to one, and special gowns were sought to reduce the abject nakedness perceived by the patient.

As the saying goes, "The pen is mightier than the sword." I might add, "The mighty pen is not as painful when dipped in a little humor."

Editor's Note: Sadly, we learned that the author of this article, Dr. Joy L. Martin, died suddenly November 1992, only a year after completing her EdD and six months after her retirement. Her daughter, Nancy M. Brown, wrote that, "The happy memories of this woman who indeed gave her life to nursing service and to her patients need to be continued and fondly remembered with a smile." We couldn't agree more.



You Know It's Gonna Be A **BAD** Day When . . .

by Pam Hamilton, RN, CNS

The nurse giving you report smiles brightly and says with relish, "Boy, are you gonna have fun with Mr. Smith's family today."

The 11-7 shift tells the MI patient with organic brain syndrome, who repeats everything 30 times, "(Your Name) is going to be your nurse today."

Your patient has orders for q1 hour blood sugars and enemas 'till clear.

Four of the nurses on your shift are pregnant with due dates this week.

The nursing assistant who just bathed your chronic ventilator patient in the next room cheerfully announces, "Oh, I see you got the endo tube out of Mrs. Jones . . ."

Your patient has a doctor for every organ system.

Your patient has an ex-wife, girlfriend and current wife who are interchangeably short and blonde. And each one doesn't want the others to visit the patient.

The fattest chart belongs to "guess who's" patient and is dropped by the busiest doctor who says, "Oops! Can you get that?" as he dashes off . . .

The new admission you got at shift change has twenty pills in generic form, none of which you ever heard of.

Your patient, who has denied chest pain all day, responds to the doctor's, "How are you?" with a pitiful look and says, "Oh, I'll be OK if this substernal tightness which radiates down my left arm will quit . . ."

Stories From The Floor

Pain is a Motivator

By Thomas H. Steeves, RN, CCRN

One patient on the telemetry unit had several episodes of conscious V-tach over a two week period. We would first try a precordial thump, which did work once. If needed, we'd follow it with cardioversion. Since there was no physician present, we did this without giving sedation. Consequently, the patient would usually let out a loud yell.

Fred, a big, strong charge nurse, had thumped and shocked this patient several times. The patient complained he didn't know which was worse, the thumping or the shocking.

One night while working charge, I answered a code. It was the same patient. The tele unit's defibrillator was dead, so I asked Fred to bring another cart. When the patient saw Fred enter the room, he gave himself a thump. It converted him into a normal sinus rhythm.

"I just didn't want him hitting me again."

Yah, Sure!

By Ginger Husman, RN

We were all somewhat startled at the nurses' station when one of our female patients called out for someone to bring her the urinal. We looked at each other, a bit bewildered. Did we hear that right? Then the ward clerk realized this Swedish lady was asking for the morning newspaper, the "Yournal!"



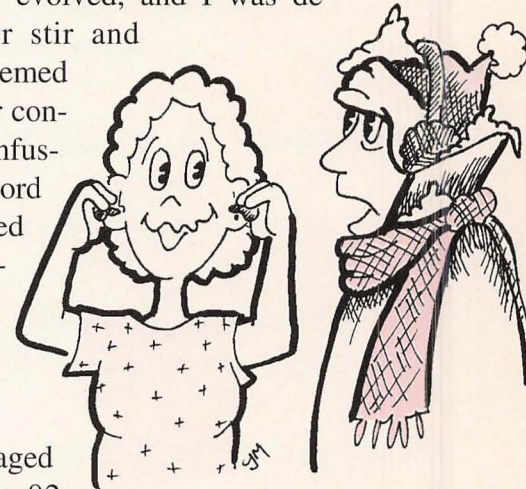
Missing Parts

By Brenda Newell, RNC

Hilda, a 90 year-old, unresponsive Finnish lady, was admitted to my unit during a serious winter storm. The local radio station lost its power. Roofs and road signs were down and some of the roads were obstructed with water and fallen trees.

Hilda slowly regained responsiveness as the stormy winter day evolved, and I was delighted to see her stir and awaken. But she seemed disoriented and our conversations were confusing. The transfer record on her chart indicated that she used hearing aids. She didn't come in with them. Maybe that was the problem.

As the storm raged with winds up to 92 MPH, I finished a mountain of paperwork, then fought my way to the car. I drove down the hill to the LTC facility where Hilda lived, found the right nurse and signed out her hearing aids. I drove back up the hill to the hospital and brought the hearing aids to Hilda. She looked at them as if they were pure gold. After she inserted them, she was able to have a perfectly oriented conversation. Then Hilda said, "Did you happen to see my teeth when you were at the nursing home?"

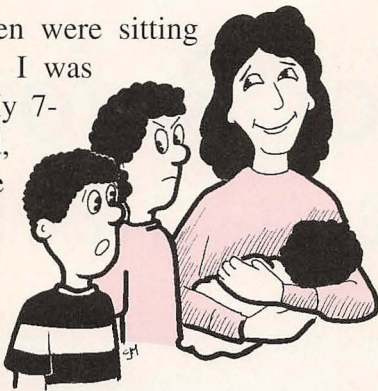


Prolactin Optional

By Ellen Rustad, RN

My older children were sitting down with me while I was nursing the baby. My 7-year old daughter said, "I want to be a nurse when I grow up."

My 5-year old son said, "Me, too. Except boys get to use bottles to feed the babies!"



I Said Know.

By Amy Luckowski, RN, BSN

I was taking care of a confused surgical patient one night in the ICU. After asking all the usual orientation questions, I asked him what my name was. He replied, "No!"

I said, "No?"

He said, "No is your name—No! You can't do this. No! You can't do that. No! You can't get out of bed. No! You can't eat!"

I laughed and told him that was a good joke and I couldn't wait to tell my husband.

The patient replied, "Honey, your husband knew your name was 'No' an hour after you got married!"

100 and Counting

By Sally Fitzgerald, RN, CCRN

I was doing home health visits in a nursing home. I came to a patient who was 104 years old. I'm a history buff, and looked forward to what this gentleman could tell me about the last century.

"You have had quite a life. I bet you have seen many interesting things," I said.

His answer was, "The first 100 years weren't so bad, after that it's been downhill."

Quiet Please!

By Rachel Birks, RNC

An experienced OB nurse was working her labor-delivery shift and had a severely pre-eclamptic patient. The nurse was employing proper precautions—darkened room, TV off, quiet conversation held to a minimum, titrating IV magnesium sulfate—so that no extra stimulus could precipitate a dangerous seizure.

Imagine the responses of patient, husband and nurse when the highly professional, though anxious, nurse had an unfortunate slip of the tongue. She needed to perform a vaginal exam to determine the labor's progress. She explained her next move so the patient would know the gloved hand would be touching her.

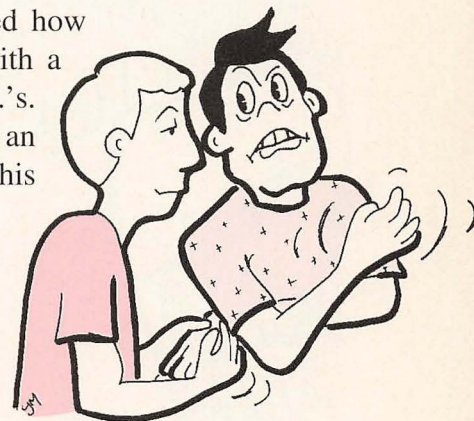
"Now, Linda, I'm going to spread your labia with my lips."

Big Black Bugs

By Bruce Tretbar, RN

A nurse described how she was in the ER with a man going through D.T.'s. Trying to get a vein for an IV, she started patting his forearm.

The patient said, "Yea, Honey, I see them too," and started swatting at his arm with her.



Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Seven Theses for Reform

By David Fox, RN, ADN

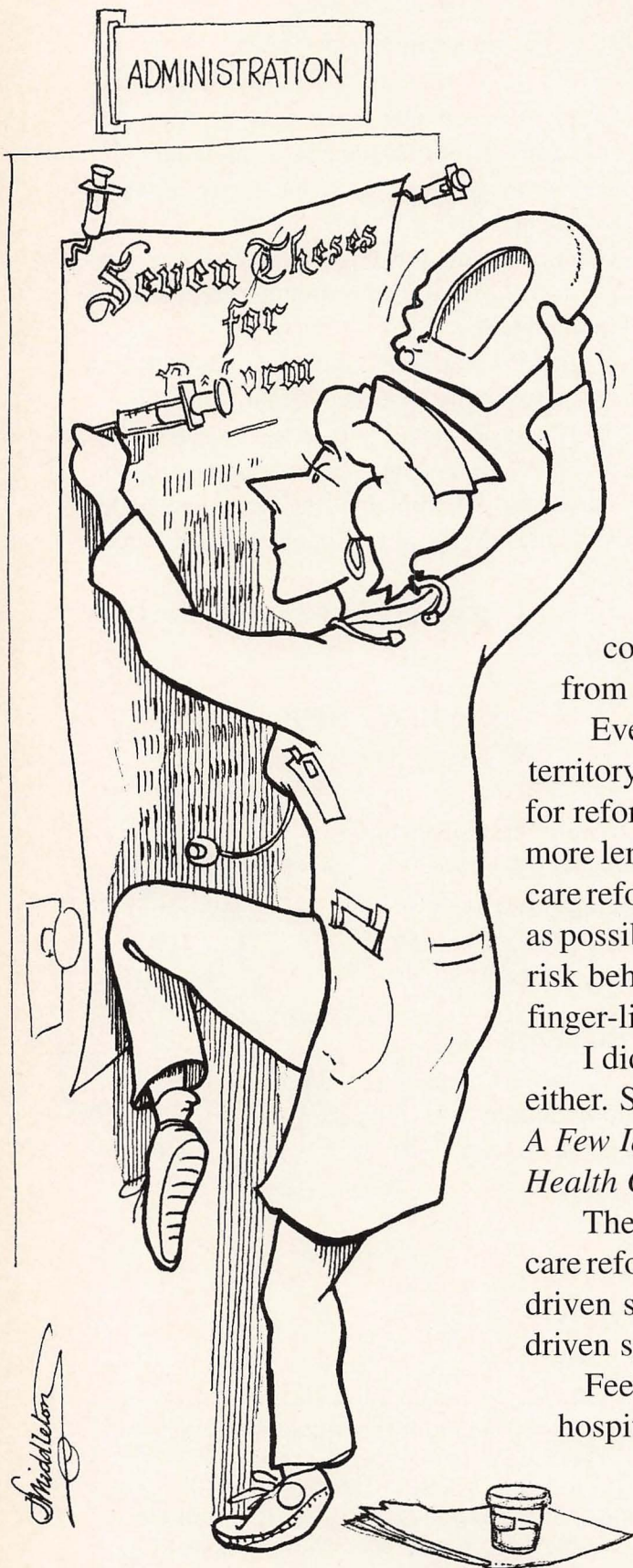
It's time for another Reformation. It has been 475 years since Martin Luther nailed his ninety-five theses to the door of the cathedral at Wittenberg and set off the Protestant Reformation. If he was here today, he could have impaneled a Senate Select Committee on Indulgences and had a press conference. This year, the call for reformation comes from nearly everyone. And the subject is health care.

Everyone wants reform, usually of someone else's territory or practice. Even the insurance industry is calling for reform, which is a little like Donald Trump asking for more lenient tax laws. The insurance lobby's idea of health care reform probably involves them getting as much money as possible while shutting off benefits to anyone with high-risk behaviors. Like breathing the air in large cities. Or finger-licking to turn pages in a book.

I didn't want to be left out of the reformation process, either. So I came up with a few ideas of my own. I call them *A Few Ideas of My Own* or *Fox's Seven Theses for Better Health Care Reform*.

These may not be the definitive proposals for health care reform, but they're a darned good start. A truly patient-driven system would feel like one, unlike the insurance-driven system we have now.

Feel free to nail this column to the doors of any hospital. Except the one where I work.



Seven Theses for Better Health-Care Reform

1. Tie physicians' charges to their cure rates. It's simple. You get better, you pay. You don't get better, it's free. As a corollary, every diagnostic test ordered beyond, say, three, would give you a two percent reduction in the bill. A lower GI series would result in an automatic five percent reduction.

2. Nutrition. Every in-hospital day you are served Jell-o, you get \$5 knocked off the room rate. If you are served meat that can't be identified by the first three people you ask, that's another \$10 rebate. Anyone on a bland diet would get a \$40 rebate, automatically.

3. Hygiene. I saw a sign in a physician's office to the effect that, "Patients must bathe prior to being examined by the Doctor." (I presume the bath does not take place at the office.) That's not a bad rule for any scheduled visit. Failure to comply, as evidenced by empty waiting room seats on either side of the person in question, would result in a \$10 surcharge. This fee would go toward staff parties and could not be billed to Blue Cross.

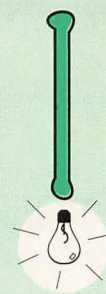
4. Consumer Information. If we keep fee-for-service, then providers, including hospitals, must place "menus" in their windows, just like restaurants. This would encourage competition and reduced costs through price-shopping. It might also result in daily specials. "Free nasal exam with any two lab tests" or "One Organ Removed—Get the Second Half-Off!" Also, physicians and nurse practitioners (ahem) who prescribe ought to tell you how much the medicine is going to cost.

5. Reimbursement. They say you can't solve a problem by throwing money at it. But no one has tried this on the nursing shortage, yet. And I, for one, think this approach has promise. I think a nurse should be directly reimbursed every time she teaches an intern how to do a procedure or corrects a medication dose. We should be paid every time we question a stupid order. The more serious the prevented mistake, the bigger the bonus.

6. Restitution. On the other hand, an error by a health care provider that causes a repeat test or medication should come out of the provider's pay, after taxes. Any nurse who precedes an injection with the words "tiny pinch" or "ouchie" should receive the same injection from the aggrieved patient.

7. All's Fair . . . Each year, all health care providers must take off their clothes, don drafty paper gowns designed to highlight the physical flaws of aging, sit in a cold room for forty-five minutes (radiology techs must lie on a cold metal table), page through two year-old copies of Business Week and Golf Digest, and then be condescendingly referred to by well-dressed strangers as "honey" and "dear."

Call Lites!



The JNJ Joke Collection

Q: What's the prognosis for a patient whose left side is removed?

A: The patient will be all right.

Contributed by Zane Meredith, RN

Q: Why is diarrhea hereditary?

A: It runs in your jeans.

Contributed by Karen R. Emerson

The ER nurse started to assess her patient.

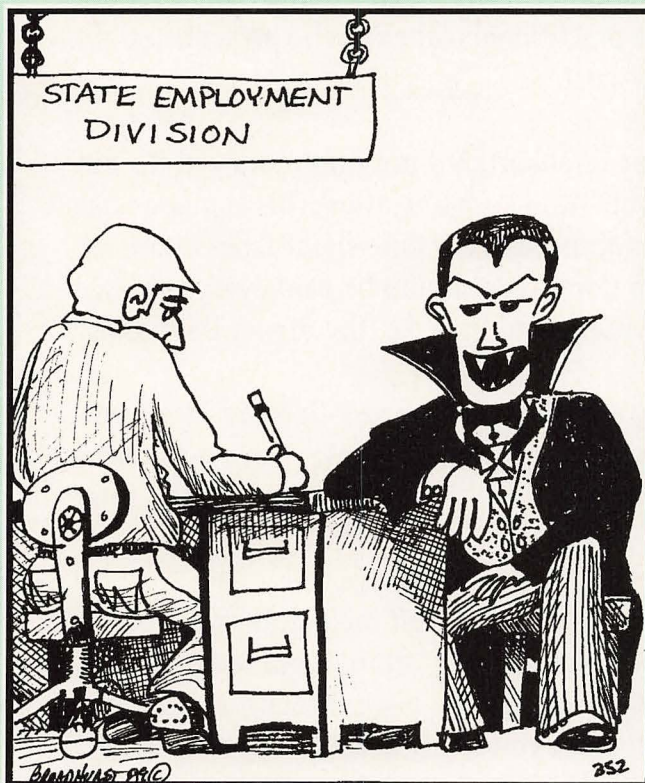
"How old are you, sir?"

"I'm fifty."

"Your record says you are 52."

"I would have been, but I was sick for two years."

Contributed by Sheila Morissette



Well, let me put it this way Mr. Finney; with all of the diseases in blood these days I have GOT to find a new line of work!

Featured in a local restaurant: "Health Care Reform Stew: Don't ask what's in it—just swallow hard and pay the bill."

Contributed by Patty Wooten, RN, BSN

Doctor: "Mr. Smith, that last check you gave me came back."

Patient: "Then we're even, Doctor. So did my arthritis."

Contributed by Sandy Ritz, RN, MS, MPH

At a recent international convention, a group of doctors compared the sophistication of their health care systems.

An Italian doctor said, "In my country, we can take a lung from one man and put it in another. Eight weeks later, he is looking for a job."

The German doctor said, "We can take a kidney from one man and put it in another. After six weeks, he is looking for a job, too."

The Israeli doctor said, "We can take the heart from one man, put half in one man and half in another. Two weeks—looking for a job."

Not to be outdone, the American boasted, "My country has the most unique health care system. We can transplant an asshole to Washington and the next day half the country is looking for work."

Contributed by Damie C. Suber

Mr. Jones was discharged with a prescription for suppositories. He returned, as scheduled, two weeks later.

"So, Mr. Jones, have you experienced any relief with the new medicine?"

"Heck no!" he replied, "For all the good that stuff did me, I might as well have stuck it up my butt!"

Contributed by June Hattey

During a pelvic exam, the gynecologist noted that he had a defective glove.

"Damn. This one's no good. Got a hole in it. Have to get another one."

The patient looked up.

Contributed by Linda Hassa

A man goes to his doctor to get his prostate checked. The doctor gloves and lubes and gives a digital, finding some enlargement.

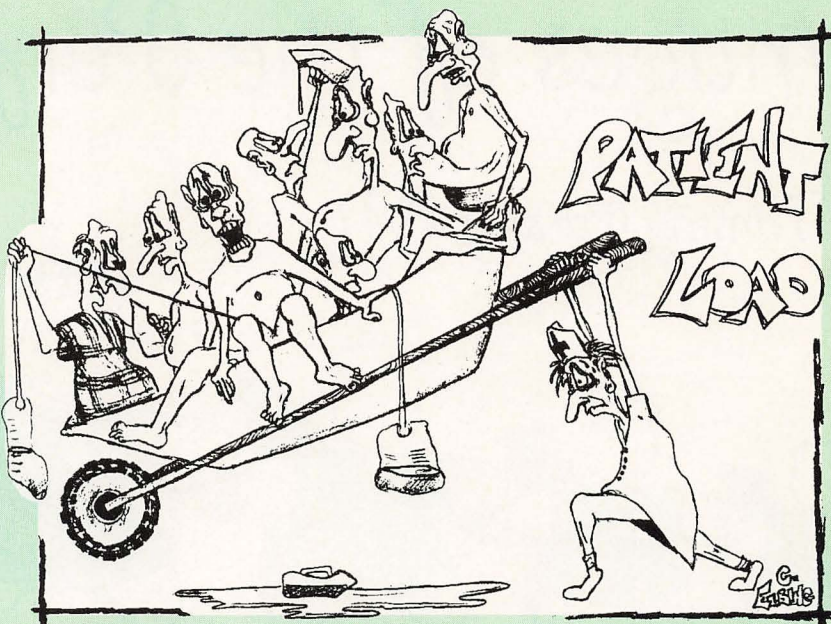
"You do have some growth," he reports.

"Could you check with two fingers?"

"Why? The finding would be the same."

"But I'd like a second opinion."

Contributed by Wayne Johnson



Q: What can doctors do that no one else can?

A: Read their own handwriting.

Contributed by John Duncan

Sign at the Sperm Bank mail slot: "For night deposit only—penalty for early withdrawal."

Contributed by Micheline D. Birger, RN, BSN

The ophthalmologist was also a psychiatrist. During each examination he would ask, "What do you really see?"

Contributed by Max Baverman

A geriatric patient has a 4x4 on her head, held on with a bobby pin.

"Is that a new hat?" asks the nurse.

"Don't be silly, dear. It's for my headache."

Contributed by Laurel Brodsley, RN

Q: What day does the cafeteria serve liver at the nursing school?

A: The day pathology class attends autopsies.

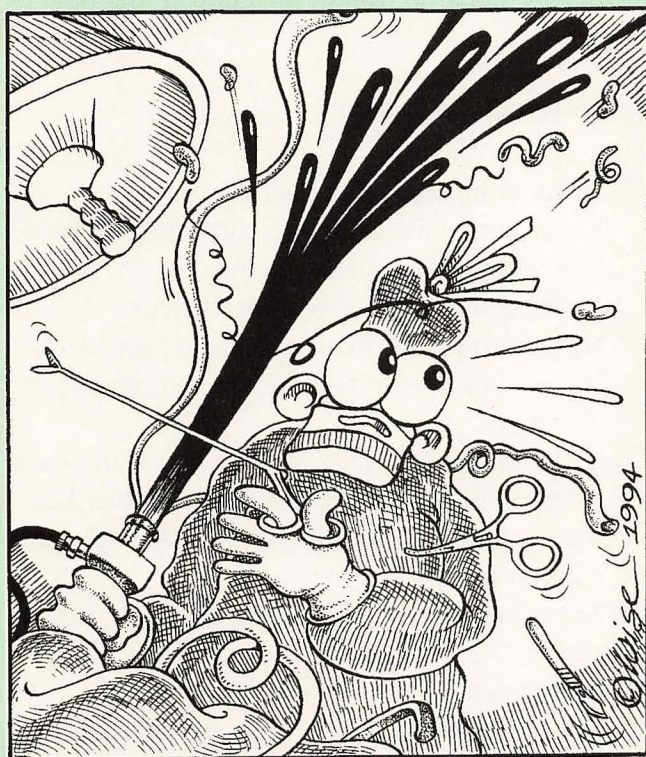
Contributed by Tillie Chilk, RN

Patient: "Doctor, I fell down and ache all over. But I don't want any X-rays, pills, shots, lab tests or hospital stays."

Doctor: "What do you want then?"

Patient: "You tell me—you're the doctor!"

Contributed by L.S. Howard

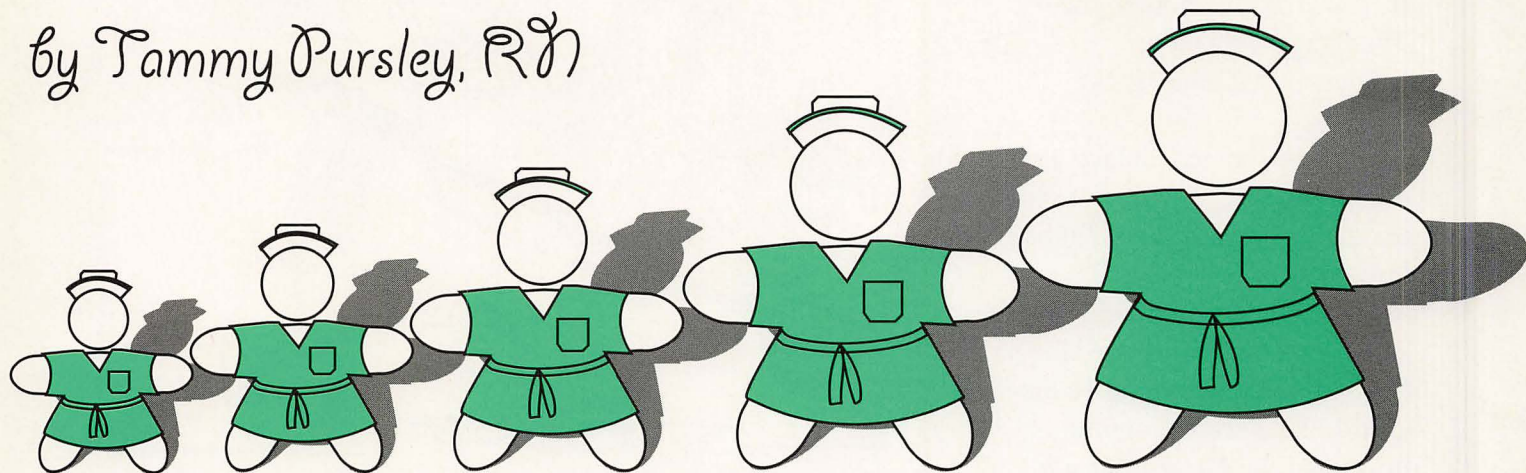


YOU CAN TELL HIS WIFE HE'S COMING THROUGH WITH FLYING COLORS!!!

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

Images of the Perfect Nurse

by Tammy Pursley, RN



"You can't please all the people all the time."

Quote of some famous guy.

I started out like the others. I entered nursing school with bright eyes and high ideals, naive to the ways of the real world of nursing. I knew I was going to be different. I would do all my charting immediately after giving care. My patients would be turned every two hours, on the dot. My meds would be given exactly on time. I would be the perfect nurse.

Well, I've been a nurse for over two years, and the honeymoon is over. In my disenchantment phase, I believed that the perfect nurse existed only in the minds of humorless, dictatorial nursing school instructors.

Of course that is not true. Because everyone has a definition of the "perfect nurse." It just means different things to different people. For example:

To **OTHER NURSES** the "perfect nurse":

- Never opens her charts before you do.
- Gives all enemas and suppositories at the beginning of her shift.
- Never leaves piggybacks hanging when she takes a break.
- Tapes report in three minutes flat.

- Never has to hunt for the keys before she can count narcotics.
- Volunteers to float to another unit when it's your turn.
- Never has shoes that are whiter than yours.
- Insists on caring for all the challenging patients.

To the **HEAD NURSE** the "perfect nurse":

- Never complains about her schedule.
- Never complains about the nurse/patient ratio.
- Never complains about doctors.
- Never complains about administrators.
- Never complains about excessive paperwork.
- Never complains about the other shifts.
- Never complains.
- Looks sharp and clean at all times, even when a patient with a GI Bleed vomits all over her starched white uniform, giving it that splotchy maroon look.
- Never has PMS. (That's why they hire male nurses.)
- Is always available to work double shifts.
- Never, absolutely never, asks for overtime pay.

To **THE HOSPITAL ADMINISTRATORS** the “perfect nurse”:

- Accepts whatever pay is offered.
- Never expects a raise.
- Never asks for pay for overtime hours worked.
- Works weekends and holidays willingly.
- Uses only chargeable supplies.
- Never identifies broken equipment.
- Never angers doctors or anyone in authority.
- Above all else, keeps meticulous documentation to satisfy insurance companies, attorneys, DEHEC and the Joint Commission.

To **THE DOCTOR** the “perfect nurse”:

- Never calls past 9 pm. Ever.
- Never questions an order.
- Never mentions the patient’s needs or requests.
- Is always available to make rounds with him, accompanied by all the supplies that might possibly be needed.
- Memorizes all verbal orders offhandedly alluded to on rounds.
- Understands mumbling.
- Most importantly, can decipher the hieroglyphics he calls his handwriting.

To **THE PATIENT AND HIS FAMILY** the “perfect nurse”:

- Always walks into the room looking like an Angel of Mercy.
- Never does anything that will hurt or cause discomfort. Ever.
- Is available to give massages, manicures, pedicures and facials.
- Doesn’t wake them up at any time for any reason.
- Responds to call lights immediately, with pain medicine in hand.
- Just accepts that the patient is in pain and doesn’t ask all those darn fool questions about location and intensity.

- Predicts the exact time their loved one will die.
- Knows the exact time the doctor will be making rounds.
- Calls the doctor right now.
- Knows who “Mom” is. Context: An unidentified, apparent family member approaches the nurse in the hall, states, “Mom wants something for pain,” and gets on an elevator to go outside to smoke.
- Listens patiently to the family’s complete list of complaints or to the details of their grandchild’s church play, even though three other patients are ringing call bells, Dr. Stat is on the phone to give pages of verbal orders to be implemented before the end of the shift, and the Assistant DON wants to know why that new admission doesn’t have a care plan on his chart.

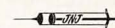
As you can see, trying to be all things to all people can leave one bleary-eyed, exhausted and defeated. I never became the “perfect nurse” and I hope I never will. Good nurses, I have learned in my two short years, give the best care they can to each patient, within the time they have. Then these good nurses go home to:

- Devour a half-gallon of chocolate-chocolate chip ice cream with hot fudge and nuts.
- Soak in a hot tub.
- Read *JNJ*.

This ensures their survival and ability to return to the workplace.

Those that try to be the “perfect nurse” most often succumb to the pressure by:

- Burning out.
- Leaving nursing.
- Taking respite in alcohol, drugs or a locked ward.
- Going into Nursing Administration, sitting in an ivory tower and telling the rest of us how to be the perfect nurse.



Liven Up!

Fun For

At Work

Hospitals are notorious for **forms, forms and more forms**. Here are two we can all laugh at.

EMERGENCY DEPARTMENT PRIMROSE HOSPITAL PATIENT APPRECIATION

The staff of the Emergency Rooms of the Primrose Hospital Emergency Health Care system would like to thank you for using our facility, and also thank you for: (check all appropriate)

- ☐ Not physically striking any member of our staff
- ☐ Arriving sober and staying sober
- ☐ Not puking in our shoes or on us
- ☐ Not pilfering our supplies, equipment or nurses
- ☐ Using innovative drug seeking skills
- ☐ Abstaining from deserting unwanted children
- ☐ Utilizing appropriate pain description skills
- ☐ Avoiding public displays of affection; especially with staff
- ☐ Bathing (at all)
- ☐ Leaving your attorney at home, even if he/she is the patient

HAVE A SAFE TRIP HOME

your emergency room nurse

Submitted by David Smith
Colorado Springs, Colorado

The Incident Report

One night a nurse inadvertently wrote an order for "Amitriptyline 300 mg at HS" instead of "Allopurinol 300 mg at HS." The following day, the doctor completed the incident report as follows:

Describe Occurrence

Amitriptyline written instead of allopurinol. Dose given above maximum dose recommended. Patient was reluctant to take all six tablets; but, nose was occluded and he had to keep opening his mouth to breathe. Dosing accomplished.

Immediate Action Taken

Patient still being shaken to try to wake him up. Ventilator has been called for. Dialysis on their way in.

Physician's Notes

I hope he doesn't die. Just for the record, only the transcription error was made.

Submitted by Brenda Grier, RN, with acknowledgment to Mary Anne Voth, RN and Dr. L Bloom Derby, Kansas

Liven Up! is a regular feature in the JNJ. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Mental Health Days

By Robin Walter, RN

Writing about Mental Health Days is a risky proposition at best. So we can freely explore the topic, I now ask all administrators, DONs and managers to read something else for the next few minutes. Thank you.

Gone?

O.K. gang. We're starting to get a little sloppy in our "calling in" techniques. Many of you have abandoned the use of voice-affecting ailments. Gone are the hoarse, throaty calls that signaled strep or laryngitis. No more dry, hacking coughs tugging at colleagues' heart strings.

Worse, some of you have completely stopped laying the groundwork for your day off! Is it asking too much to fake the unexpected onset of a bacterial, viral or protozoan infirmity? Nausea, vomiting and diarrhea are easy enough to induce and maintain for a shift or two, but they're almost impossible to convey over the phone.

Excuses that have withstood the test of time are being replaced by . . . (gulp) . . . HONESTY!

This practice must stop! Under no circumstances should you ever confide to a supervisor that you're "stressed out" or "just need a break." This honesty thing has gone too far! It even includes co-workers! There is no logic in this. Professional courtesy? This honesty should gain you about as much support as collapsible crutches.

Apparently, the old ways have lost their theat-

rical edge. Today's nurse needs an alibi that will carry Mental Health Days securely into the 21st century.

I believe I've found it. It has a certain timelessness, absolving even the most diabolical characters of guilt and responsibility.

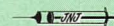
The next time you need an unplanned day of rest, try calling in "temporarily insane." It works for thugs. It can work for you!

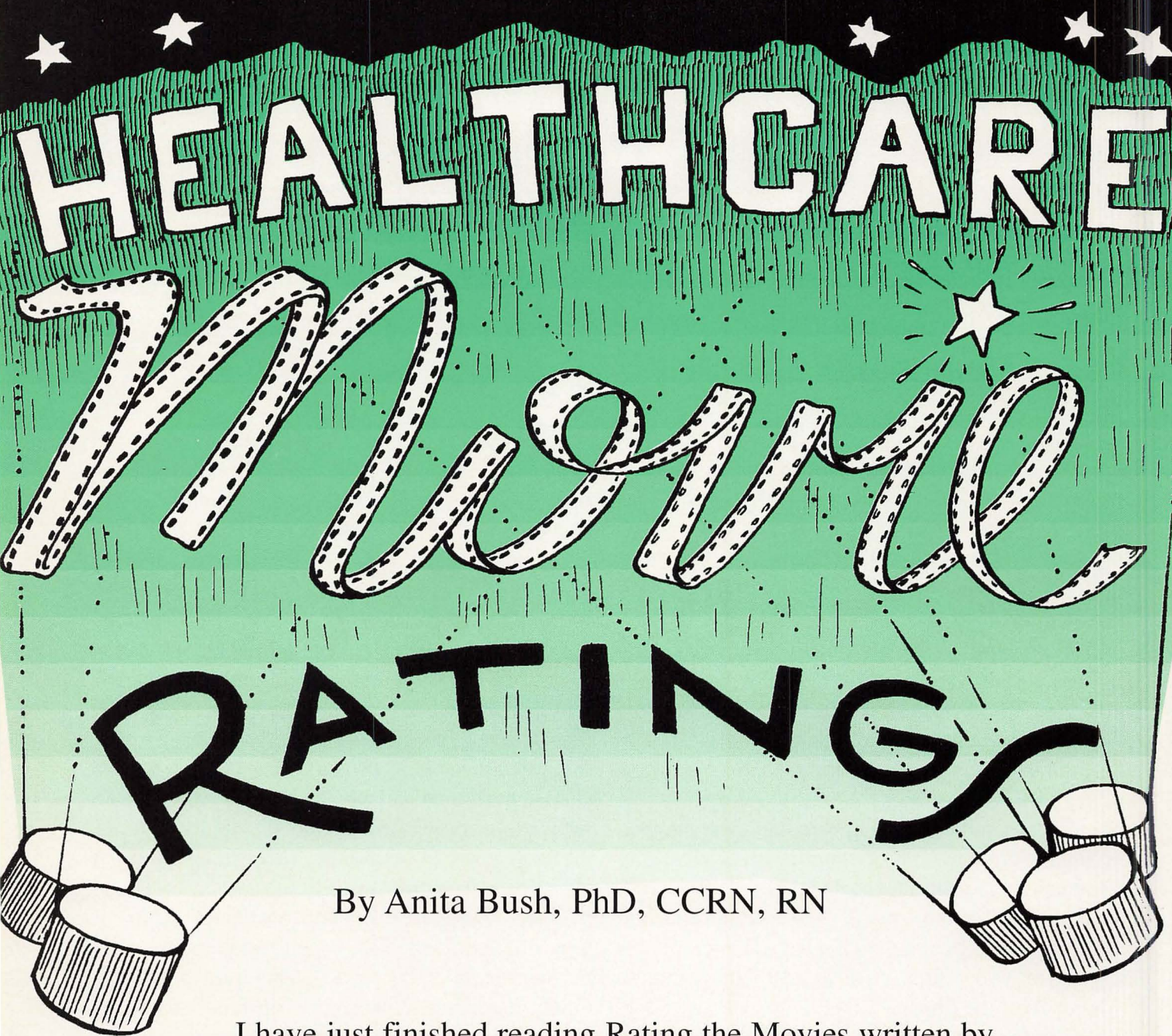
The conversation on your end will go something like this: "Hi! (Sound too cheerful) It's me. (Laugh hysterically) I won't be in today. I'm insane. (Make monkey noises) No, no, it's nothing serious, probably just a 24-hour thing. (Muffle a giggle) I'm sure I'll be in tomorrow."

If your day of rest leads to a day of judgment, here's a great comeback conversation to have with the head nurse: "Mrs. Saskwatch, I want to sincerely thank you for confronting me on this behavior. I thought I was okay when I finished report the other day. Then, well, I just went nuts."

We've all had days that would give Gandhi hypertension. We've even seen those days, on occasion, turn into weeks. Actually, a day off here or there rarely has any impact on chronic stress. So, next time, try a Mental Health Week. This practice comes complete with management's approval.

It's called a vacation.





HEALTHCARE Movie RATING

By Anita Bush, PhD, CCRN, RN

I have just finished reading Rating the Movies written by the editors of Consumer Guide and Jay A. Brown (1990, Lincolnwood, IL: Publications International, LTD, \$13.95, 576 pages, including pictures!). They did an excellent job of presenting relevant plot synopses and informative criticism of the thousands of flicks available on network, cable or videocassette. However, there were some glaring omissions. Here, then, are the important health care films that should have been included, but weren't.

Special Guest
Dr. Bernie Siegel

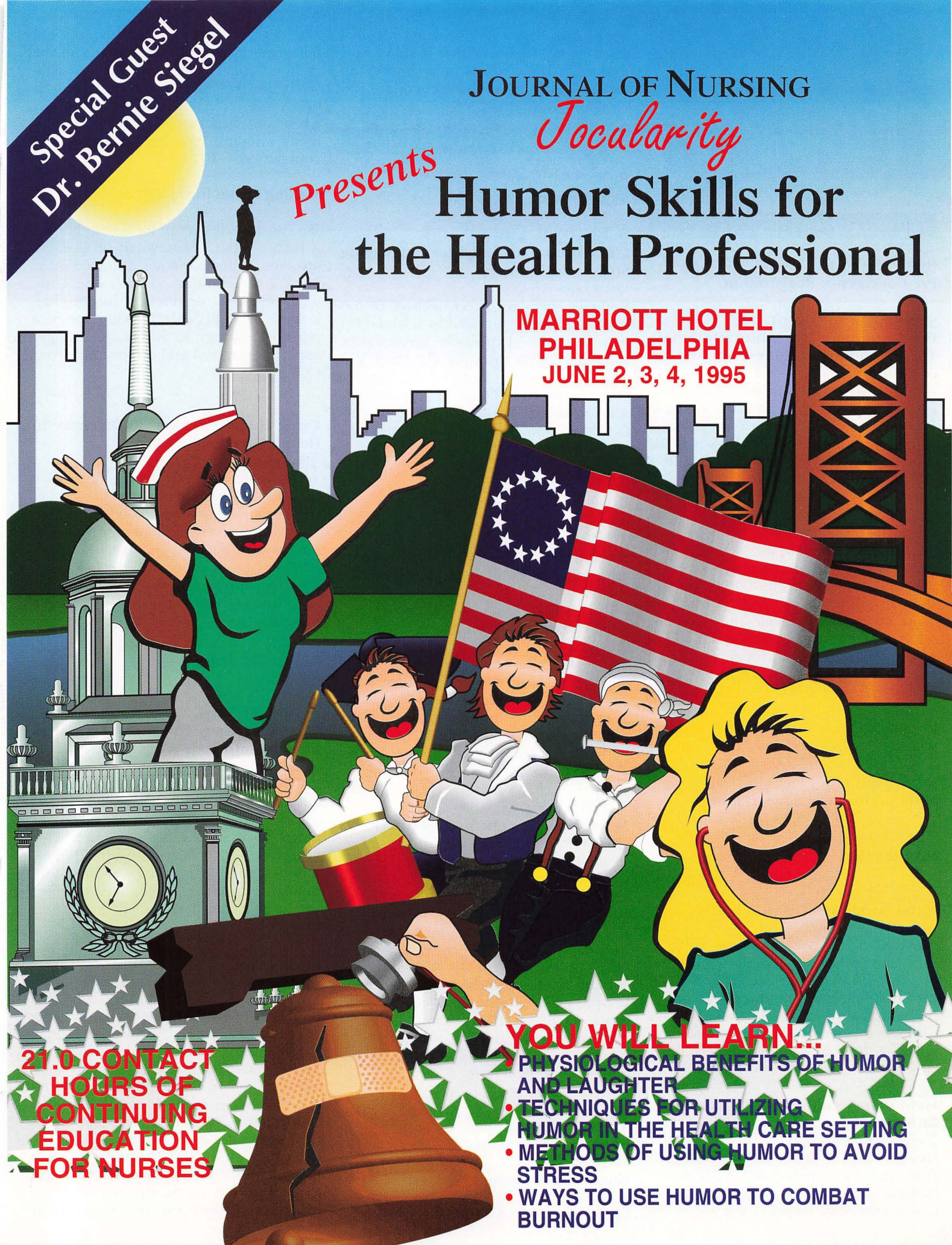
JOURNAL OF NURSING

Jocularity

Presents

Humor Skills for the Health Professional

MARRIOTT HOTEL
PHILADELPHIA
JUNE 2, 3, 4, 1995



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HOURS OF
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- PHYSIOLOGICAL BENEFITS OF HUMOR AND LAUGHTER
- TECHNIQUES FOR UTILIZING HUMOR IN THE HEALTH CARE SETTING
- METHODS OF USING HUMOR TO AVOID STRESS
- WAYS TO USE HUMOR TO COMBAT BURNOUT

Program

FRIDAY JUNE 2, 1995

8:00-9:00 a.m.

Pre-Conference Registration

9:00 a.m.-3:30 p.m.

**Pre-Conference Workshop (Optional)
The Psychology of Illness and the Art of Healing**

BERNIE SIEGEL, MD with BOBBIE SIEGEL, BS
Dr. Bernie Siegel has developed a unique approach to working with people facing chronic or catastrophic illness where the disease becomes not a sentence but a redirection. He explores the role of hope, love, spirituality and unconscious beliefs in the healing process and discusses the importance of resolving conflict and the need for unconditional love in one's life so that all energy can be directed towards healing. Dr. Siegel will show how dreams, images, and drawings done by patients reveal their unconscious feelings and beliefs about themselves, their disease and their treatment, which in turn affect the course of their illness and their lives. Participants will have the opportunity to do drawings and learn to interpret them. Guided imagery will also be discussed and carried out.

6:00-7:00 p.m.

Main Conference Registration

7:00-7:15 p.m.

Introduction

7:15-7:45 p.m.

Nurse Kindheart Gives Report

A.K.A. PATTY WOOTEN, BSN

Nurse Kindheart will present the "plan of care" for participants, indicating patient problems, therapeutic interventions, and expected outcomes. In this comical twist on a familiar format, speakers will be previewed, their topics introduced, and goals for the conference will be clarified.

7:45-9:15 p.m.

Humor In Health Care(?): You Can't Be Serious!

KARYN BUXMAN, RN, MS

Health care reform... Ethical issues... Downsizing... Consolidating... Mergers... Patients... Physicians... Families... There's lots of significant issues facing you every

day... And they drive you crazy! The good news: Humor makes a difference! And if you want to not only *survive*, but *thrive* in today's health care world - *you can't be too serious!*

SATURDAY JUNE 3, 1995

8:00-8:30 a.m.

Registration

8:30-10:00 a.m.

Lighten up with Laughter - Managing Stress with Humor.

LESLIE GIBSON, RN, BS

Feeling exhausted, overwhelmed, or too serious? Maybe you need to "Lighten Up with laughter!" Experience very creative stress management techniques which will help you develop a playful strategy for coping with daily demands. Treat yourself to this educational as well as entertaining session. Release your frustrations and tickle your funny bone!

10:00-10:30 a.m.

Break

10:30 a.m.-12:00 p.m.

Having Fun With TQM: Using cooperative play to build high performance teams!

SANDRA HILLMAN, PhD, RN

Total quality: the organizational focus of the 90's! Health care workers want to enjoy work, participate in the decisions which control them and they want management to show they care. This lively presentation will teach creative ways to use cooperative play to build TQM's high performance teams and improve organizational performance.

12:00-1:45 p.m.

Networking Luncheon (Optional)

This is an opportunity for participants to meet and talk with other conference attendees who share similar humor interests. This is not a prepared presentation. Packets of helpful information on the topic of your choice will be available at each table. Join your colleagues for a delicious lunch catered by the staff of the Marriott Hotel. Attendance at the luncheon is optional and requires a reservation. Space is limited. The fee must be paid in advance when registering for the conference. Please indicate your topic choice on the registration form.

1:45-3:15 p.m.

Concurrent Sessions

Humor Rx: Dispense With Care

KARYN BUXMAN, RN, MSN

Every health professional has heard at

one time or another that "humor's the best medicine." But even good medicine can be harmful if not taken as directed. What are the indications, contraindications, side effects, dosages? Find out what you need to consider before aimlessly administering humor and wit to your patients. **C-1**

Making Room for Laughter

LESLIE GIBSON, RN, BS

We can all make room for a little humor! A humor room, comedy cart or wellness resource center promotes a unique rehabilitation technique to help one cope with emotional or physical health challenges. This FUN-SHOP will explore a personal strategy to add more laughter into your personal and professional lives.

C-2

Using Humor to Manage Diversity in Health Care

SANDRA HILLMAN, PhD, RN

Today more than ever before, there is a need to understand people from different cultures and to use this knowledge in the health care providers planned use of humor with patients and families. This intriguing presentation will discuss strategies for applying appropriate humor techniques with culturally diverse patients. **C-3**

3:15-3:45 p.m.

Break

3:45-5:15 p.m.

Can You Manage to Laugh?: Humor as a Leadership Tool

PATTY WOOTEN, BSN

You will be introduced to the value of humor, how it can be used as a leadership tool and strategies to increase your professional effectiveness. Humor helps you develop more self-confidence, unlocks the receptivity of others, and defuses resistance to change. Humor and laughter are team-building and self-care tools.

8:00-10:00 p.m.

The Jocularly Show (Optional)

Two hours of fun filled hilarity. This live performance features talent that is guaranteed to keep you laughing. Headlining is clown extraordinaire, Kenny Ahern with his unique blend of slapstick humor. You will also enjoy the musical abilities of the Nursing Notes and Too Live Nurse. The Master of Ceremonies for the evening will be Dr. Clifford Kuhn, who, besides being a board certified Psychologist, has been performing comedy on the national circuit for five years. Tickets can be purchased in

advance when registering for the conference. Please indicate on the registration form if you are purchasing more than one ticket.

SUNDAY JUNE 4, 1995

8:00-8:30 a.m.

Registration

8:30-10:00 a.m.

The Art and Psychology of Positive Humor

CHRISTIAN HAGESETH III, MD

This presentation will demonstrate the difference between positive and negative humor. It will show how humor and other mature defenses not only provide for a better quality of life, but have been associated with increased longevity. Finally, the nature of personal spiritual experience will be explored and discussed in context of health care.

10:00-10:30 a.m.

Break

10:30 a.m.-12:00 p.m.

Concurrent Sessions

Clowning Around - Incorporating Clowning into the Hospital Setting

PATTY WOOTEN, BSN and KENNY AHERN

Historically clowns have participated in healing rituals in various cultures. Many

hospitals today are incorporating clowning into bedside therapy. This workshop will explore both practical and theoretical aspects of clowns in the hospital setting. We will discuss guidelines and demonstrate techniques for interacting with patients and staff in hospitals and nursing homes. C-4

Practical Humor Applied to Health Care

CHRISTIAN HAGESETH III, MD

Participants will have the opportunity to bring up specific situations from the workplace where humor has healed and where humor has failed to heal. These situations will be analyzed in light of the material from the keynote, providing participants with practical information on how to apply positive humor in the workplace. C-5

S/He Who Laughs Last, Lasts

JANET GREDLER, RN

Emphasis will be placed on playfulness and positive humor as an integral part of an effective work environment. This session is filled with practical ideas and suggestions on how you can continue to cultivate your sense of humor and implement what you have learned into your personal life and daily practice. C-6

12:00-1:30 p.m.

Lunch (On your own)

1:30-3:00 p.m.

Going Home - The Attitude of Laughter

CLIFFORD KUHN, MD

This session will focus on the challenge of taking the spirit of this conference back to your every day personal and professional life. Dr. Kuhn will assist you in clearly focusing upon your personal sense of humor. A list of guidelines will be developed to foster continued growth and extension of your humor experience.

3:00-3:30 p.m.

The Perils of Nancy Nurse

A.K.A. PATTY WOOTEN, BSN

Bedecked with a bedpan, irrigation equipment and other gear for nursing combat, Nancy Nurse delights audiences with her comic antics and hilarious stories. Nancy's ability to turn burnout into laughter clearly illustrates that laughter is good medicine.

3:30-3:45 p.m.

Closing

IN THE UNLIKELY EVENT THAT CHANGE BECOMES NECESSARY, WE RESERVE THE RIGHT TO SUBSTITUTE A SPEAKER OF SIMILAR QUALITY.

THINGS TO DO IN PHILADELPHIA

WATERFRONT & HISTORIC PARK

"America's most historic square mile" features the Liberty Bell Pavilion; Independence Hall, the Betsy Ross House, Franklin Court, the Tomb of the Unknown Soldier and lots, lots more.

FAIRMOUNT PARK

The largest city park in the world is the home of a number of 18th- and 19th-century mansions, the Horticulture Center, the Japanese Tea House, Memorial Hall and the Philadelphia Zoo.

PHILADELPHIA MUSEUM OF ART

America's third largest art museum with more than 300,000 paintings, sculptures, drawings, prints, decorative arts, period rooms and Oriental art.

NEW JERSEY STATE AQUARIUM AT CAMDEN

A 10-minute ferry ride from downtown Philadelphia across the Delaware River. It's 760,000-gallon Open Ocean Tank is the second largest in the country.



Faculty:

KENNY AHERN

HAS PERFORMED THROUGHOUT THE WORLD from Moscow to New York and is currently touring his original theater production, "Clown Theatre for a Slippery Universe." A feature Clown/Performer for five years with Ringling Brothers and Barnum & Bailey Circus, Kenny combines the best in the skills of the circus and the intimacy of the golden age of Vaudeville.

KARYN BUXMAN, RN, MS.

"HUMBLE EMPRESS OF HUMOR" HAS OVER A DOZEN YEARS OF NURSING EXPERIENCE, and is now full-time speaker and humorist. As VP and a contributing editor of JNJ, Karyn has been able to share the benefits of humor with thousands of nurses. She's also editor of "Therapeutic Humor" the national newsletter for the American Association of Therapeutic Humor.

LESLIE GIBSON, RN, BS

HAS BEEN INCORPORATING THERAPEUTIC HUMOR TECHNIQUES FOR OVER EIGHTEEN YEARS WITH PATIENTS AND MEDICAL PROFESSIONALS. She is a home health education coordinator, corporate trainer, and author of "Laughter the Universal Language," a home study course which grants continuing education. Leslie will inspire you to feel the positive effects of laughter in your life.

ANGIE GOLDEN, RN, BSN, CCRN

IS A DYNAMIC SPEAKER AND EDUCATOR. Her teaching experiences include ACLS, critical care nursing, including basic and advanced EKG interpretation, and paramedic training courses. She has worked as a staff nurse in adult and neonatal critical care units, emergency departments, home health, school nursing and is currently Chief Flight Nurse for Eagle Rescue of Arizona.

JANET GREDLER, RN

IS DIRECTOR OF HUMOROUS AFFAIRS AT MESA LUTHERAN HOSPITAL IN MESA, ARIZONA. She created the Love and Laughter Room at Mesa Lutheran, designed to allow patients and their families to escape the stressors of hospitalization and illness. Janet is also Head Honchette and D.O.E. (Director of Everything) at HumorVision, a humor consulting firm.

CHRISTIAN HAGESETH III, MD

IS A BOARD CERTIFIED PSYCHIATRIST, AUTHOR, AND PROFESSIONAL SPEAKER (despite growing up Norwegian Lutheran in North Dakota). His first book, A Laughing Place, is a perennial delight and is now in its sixth printing. His talks emphasize the distinction of positive from negative humor and the role of humor in the spectrum of mature ego mechanisms of defense.

SANDRA HILLMAN, PhD, RN

IS AN ASSISTANT PROFESSOR OF NURSING, AND AN INTERNATIONAL SPEAKER CONSULTANT AND AUTHOR. She has a high level of expertise in team building, case management, change, AIDS and humor. Sandra is known for her Fun at Work program in which her compassionate humor and effervescent personality delight audiences. She invites you "to come have some serious fun!"

CLIFFORD KUHN, MD

IS A PROFESSOR OF PSYCHIATRY at the University of Louisville School of Medicine. Board Certified in Psychiatry, he has done research on the spiritual aspects of healing, the effects of laughter on health, and the development of techniques for humor intervention. Cliff is also a successful standup comedian, which has provided a unique perspective for his research into healthy laughter.

BERNIE SIEGEL, MD

EMBRACES A PHILOSOPHY OF LIVING, LOVING, AND LAUGHING THAT STANDS AT THE FOREFRONT OF THE MEDICAL ETHICS ISSUES OUR SOCIETY GRAPPLES WITH TODAY. He believes in patient empowerment and the choice to live fully and die in peace. He is author of Love, Medicine & Miracles, Peace, Love & Healing and How to Live Between Office Visits: A Guide To Life, Love and Health.

PATTY WOOTEN, BSN

IS A NURSE HUMORIST, PROFESSIONAL CLOWN, A NATIONALLY RECOGNIZED LEADER IN THE FIELD OF HUMOR AND HEALTH and a hilariously funny speaker. She has worked with Norman Cousins creating video presentations about humor & health, is author of the book Heart, Humor & Healing and is a featured columnist in the Journal of Nursing Jocularity.

THE NURSING NOTES

(AN ALL RN BARBERSHOP QUARTET)

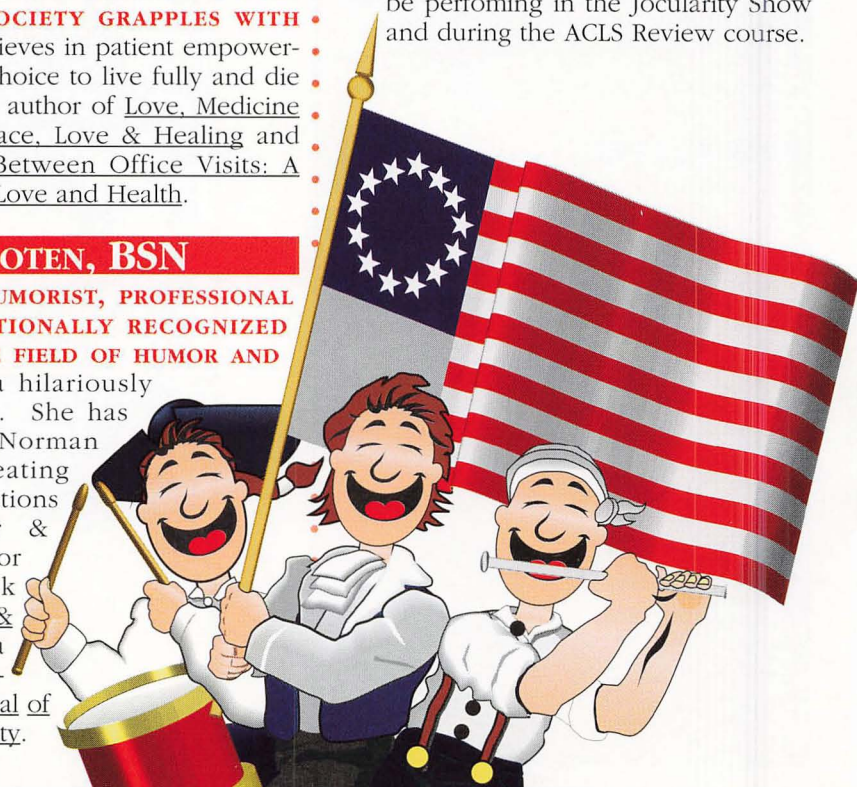
Have put the Sing in NurSING (literally). They delight audiences as they spread their message, "Health and Humor through Harmony." The members of Nursing Notes are:

- LAWRENCE E. BRENNAN, MS, RN**, Director of Clinical/Educational Nursing at Community-General Hospital in Syracuse, NY (Baritone);
- KERRY GRANT, MS, RN**, Associate Chief of Nursing for Veterans Administration Medical Center in Canandagua, NY (Lead);
- GLEN GARDNER, MS, RN**, Quality Assurance & Utilization Review Nurse at Veterans Administration Medical Center in Syracuse, NY (Bass);
- WAYNE BEACH, RN**, Assistant Ambulatory Care Coordinator at Veterans Administration Medical Center in Syracuse, NY (Tenor).

The Nursing Notes will be performing in the Jocularity Show.

TOO LIVE NURSE

ALIAS BOB DISKIN, RN, BSN, BFA & RICK GLASNER, RN have teamed up their musical talents to entertain and promote learning for health care professionals. Their program, "Rockin' to the Algorithm Rhythms," makes the all-too serious ACLS course easier to handle. They also find humor & music help in coping with those sometimes not so fun aspects of health care with songs such as "The Bedpan Blues" and "Scabies." Both work at Bershire Medical Center, Bob in Critical Care & Rick in Psych. They will be performing in the Jocularity Show and during the ACLS Review course.

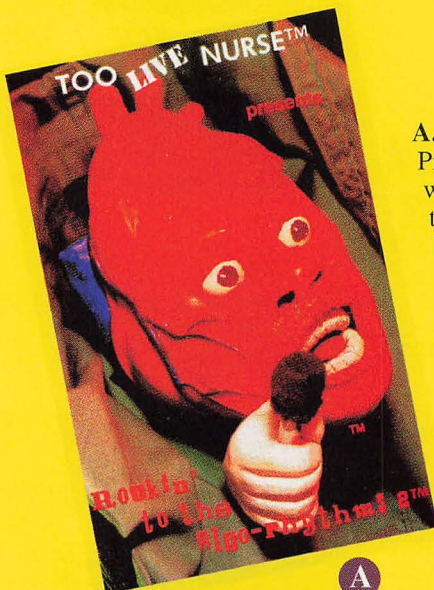


THE JOCULARITY

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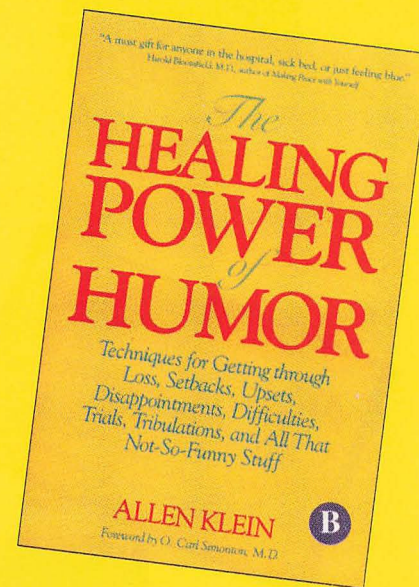
THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

Spring 1995 Catalog

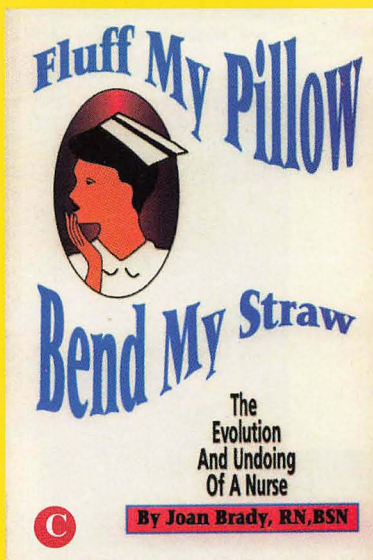


A. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well!
TA001RAR Rockin' To Algo-Rhythms 2 \$15.00

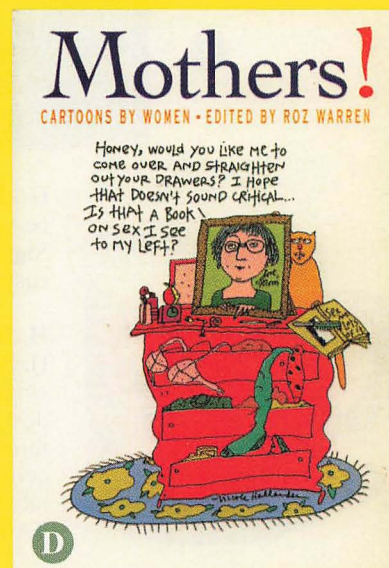
B. Healing Power of Humor by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. **BK006HPH Healing Power of Humor \$9.95**

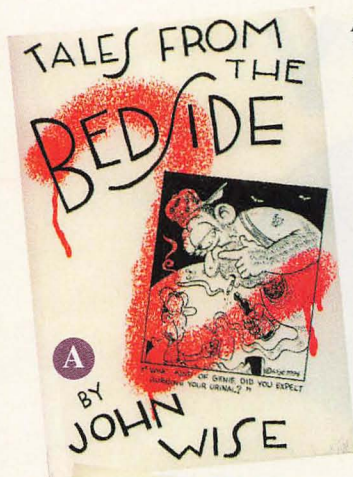


C. Fluff My Pillow, Bend My Straw: The Evolution and Undoing of a Nurse by Joan Brady, RN, BSN. Meet Courtney Quinn, BSN, a new graduate ready to take on the world of professional nursing. As a child, Courtney was intimidated by school nuns. When she became a nurse, she was even more intimidated by the physicians, drained by the understaffing and the unexpected emotional impact of caring for her patients. You will laugh with her as she "takes on the system" and tries to make positive change for nurses.
BK011FMP Fluff My Pillow \$14.95



D. Mothers! Cartoons by Women, edited by Roz Warren. An irreverent, passionate and wickedly funny look at motherhood by the real experts - mothers and daughters. Topics include: The Joy of Pregnancy and Childbirth; Baby Frenzy; The Art of Motherhood; Are You SURE You're a Good Mother? and more. **BK010MOT Mothers! \$8.95**





A. Tales From The Bedside 2: "Over The Counter" by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularly. **BK001TFB Tales From Bedside 2 \$14.95**

B. Tales From The Bedside by John Wise. A limited number of the first printing of John's original book of outrageous cartoon humor is available. (Subject to Availability) **BK002TFB Tales From Bedside 1 \$14.95**

Purchase both of John's books for a special price. **BK003TFB Tales From Bedside 1 & 2 \$25.00**

C. Heart, Humor & Healing edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. *"The book is good for more than your heart...It will help heal your life and body."* Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. Patty's feature "Jest for the Health of It!" appears in each issue of the Journal of Nursing Jocularly. **BK004HHH Heart, Humor & Healing \$8.95**

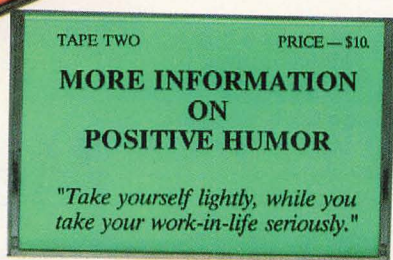
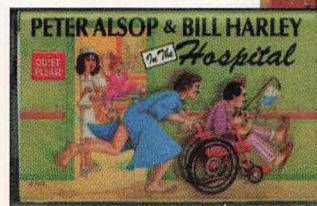
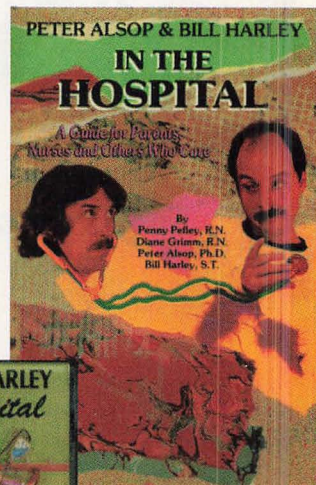
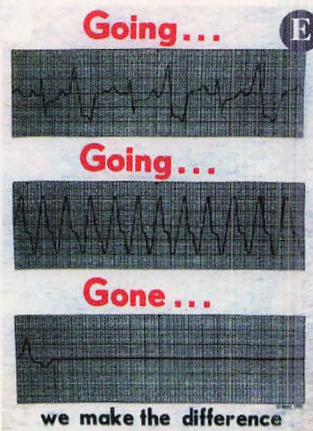
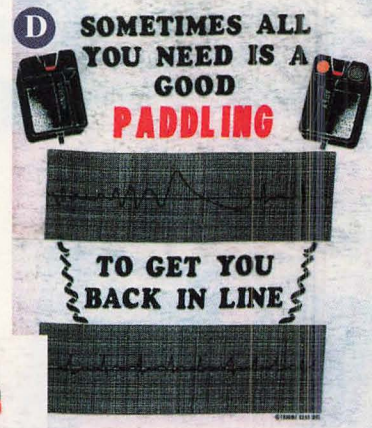
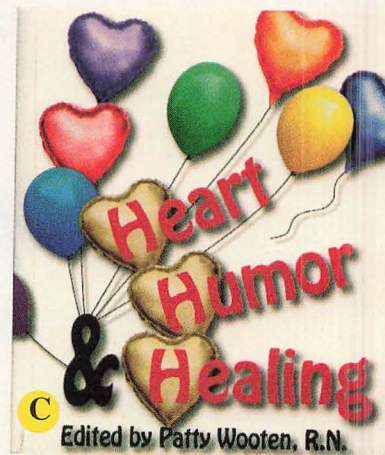
D. "Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS002ASH Paddling T-shirt \$16.00**

E. "Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS004ASH Paddling T-shirt \$16.00**

F. The Fundamentals of Positive Humor - A Two Tape Collection by Dr. Christian Hageseth III, Psychiatrist with Mike Sloniker, Music Therapist. These tapes present a fundamental understanding of how humor constitutes a mature response to life and its adversity. Dr. Hageseth has been a popular and well received speaker at the 1993 & 1994 Journal of Nursing Jocularly's Humor Skills Conference and will be presenting again at the 1995 conference. **TA002FPH Fundamentals of Positive Humor \$18.00**

G. EKG Mug features the most unusual looking rhythm strips that will be sure to make you chuckle. Includes "Sinus Arrest", "Ventricular Standstill" and "Urban Block". This ceramic mug comes boxed for easy gift giving. **MG001HBM Heartbeat Mug \$7.50**

H. In the Hospital cassette tape and book by Peter Alsop and Bill Harley. This delightful pair find themselves in the hospital together, singing and getting into musical mischief with the other kids. This set is designed to help children of all ages work through the fear of being in the hospital. Received the Parents' Choice Award. Fully annotated for medical professionals and parents. **TA005ITH In the Hospital Tape & Book \$13.00**

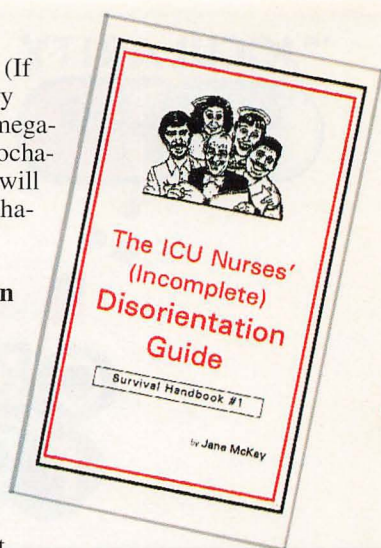


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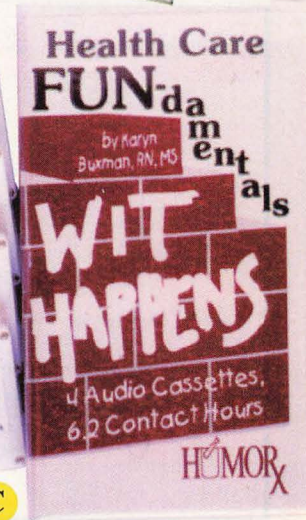
A. Mocha-Code Mug. Before, after and during (If you can sip, swallow & cardiovert in sync.) every resuscitation get your fluid boluses and deliver megamilligrams of energy by using your very own Mocha-Code mug. It's a 22oz thermal plastic mug that will support your caffeine habit. **MG002MCM** Mocha-Code Mug \$7.50

B. The ICU Nurses (Incomplete) Disorientation Guide, by Jane McKay. A handbook of humor from the trenches; includes specialized policies with criteria for shooting physicians, guidelines for training interns and instructions for visitors. Not for the general public or bedsides of the infirm! **BK005ICU** ICU Nurse Guide \$7.00



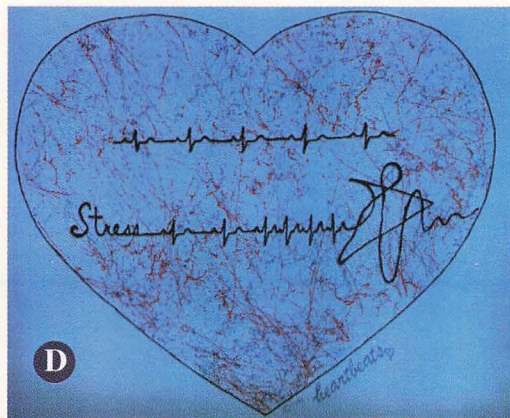
B

C. Health Care FUN-damentals by Karyn Buxman, MS, RN, is a independent study project comprised of 4 audiotapes & a booklet. Includes everything you wanted to know but were afraid to ask about therapeutic humor. Approved for 6.2 contact hours recognized by the ANA, ANCC & all states recognizing ANA approval system & by the California Board of Registered Nursing. CE credit optional. Karyn is considered an expert on therapeutic humor and her feature "HumoRx" appears in each issue of the Journal of Nursing Jocularity. **TA004HCF** Health Care FUN-damentals \$59.95



C

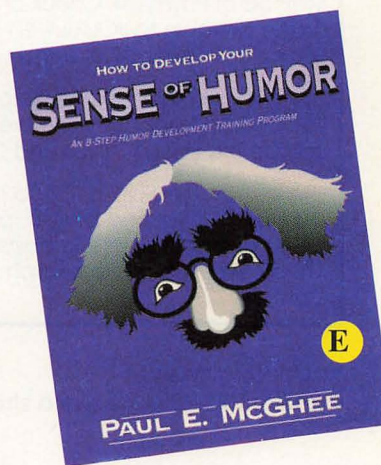
D. Stress T-Shirt. You don't have any stress in your life - right?! Here's a fun shirt to wear to help you laugh your stress away. This quality 50/50 blend shirt comes in light blue with a multi-color screenprinted design. Available in large and x-large. **TS003BLU** Stress T-Shirt \$13.95



D

discusses the latest research on how humor/laughter contribute to physical health plus gives you a hands-on program for learning to use humor to cope with stress. This program shows you how to strengthen basic humor skills when you're not under stress, and then how to apply these skills under high stress conditions. **BK007SOH** Sense of Humor \$20.00

F. Humor Log for the 8-Step Humor Development Program by Paul McGhee, PhD. This book is designed as a workbook to accompany the above book "How to Develop Your Sense of Humor". It allows you to monitor your progress through the program from week to week, and includes a humor pre-test and post-test which enables you to assess the level of gains in humor skills made as a result of the program. **BK008HRL** Humor Log \$12.00



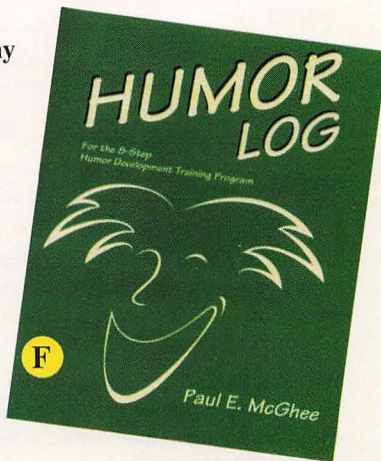
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BK009MCG Both Sense of Humor & Humor Log \$29.95

G. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993 Journal of Nursing Jocularity's Humor Skills conference and will be returning at the 1995 conference. **TA003HHH** Health & Humor Through Harmony \$10.00



G



F



Our Mission

To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

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We ship UPS. Please use a street address.

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GIFT ORDERS! If you would like part of your order shipped to a second address as a gift, fill in this address box and check the "SHIP TO GIFT ADDRESS" column for those items. Add \$4.00 S & H for an additional address.

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RETURN POLICY

If you are not satisfied with an item, we'll be happy to exchange it or refund the purchase price. Please ship to us via US Mail with the package invoice and the reason for return (so we'll know how to serve you better).

PRODUCT IDEAS

If you have a humorous health related product or product idea that you would like included in the Jocular Catalog, write or call at 602-835-6165.

JNJ51

THE JOCULARITY
 CATALOG
 P.O. Box 40129
 Mesa, AZ 85274
 602-835-6165

WHO SAYS ACLS ISN'T FUN

While you are in Philadelphia, don't miss . . .

ROCKIN' TO THE ALGO-RHYTHMS

an **A**dvanced **C**ardiac **L**ife **S**upport
review

Presented by
Journal of Nursing
Jocularity
and

Rockin' to the Algo-rhythms is an educational program designed to assist health care providers in memorizing the drugs, dosages, and sequence of interventions for various cardiac dysrhythmias set forth by the American Heart Association (AHA). We subscribe to the theory that learning is greatly facilitated by making the process fun. This class incorporates humor and live music into an otherwise tedious lecture. Whether you are re-certifying or taking ACLS for the first time, "Rockin' to the Algo-rhythms" will help reduce the stress and at the same time help you to memorize the information.

The class includes lecture of the current ACLS protocol taught by Angie Golden, RN, BSN, CCRN and the algorithms put to music by Bob Diskin, RN, BSN, BFA and Rick Glasener, RN, of "Too Live Nurse." The admission fee of \$69, includes your very own copy of the audio-cassette "Rockin' to the Algo-rhythms 2" by "Too Live Nurse" which you will receive at the conference.

If you are unable to attend, this tape is also available for \$15 plus \$3 for shipping & handling. Use Registration form to order.



ROCKIN' TO THE ALGO-RHYTHMS

will be offered June 5, 1995 at the Downtown Marriott Hotel in Philadelphia. Registration starts at 8:00am and the class start promptly at 8:30am. Use the "Humor Skill" registration form to sign up for this class or to purchase the tape. Space is limited and available on a first come first serve basis. After May 5, please call us at 602-835-6165 to insure availability of space. *Please Note: This Class is a Review, not an ACLS Certification course.*

YOUR TUITION INCLUDES:

ADMISSION TO ALL LECTURES,
A BOUND WORKBOOK WITH
INFORMATION FOR EACH SESSION,
AND REFRESHMENTS AT BREAKS.

Registration Information

	Regular Fee	Discount Fee*
Humor Skills Conference and Pre-conference Workshop (Fri.-Sun.)	\$259	\$229 *
Humor Skills Conference (Fri.-Sun.)	\$189	\$169 *
Pre conference Workshop Only (Fri.)	\$95	\$85 *
Jocularity Show (optional) (Sat. Eve.)	\$8	\$8
Networking Luncheon (optional) (Sat.)	\$25	\$25
"Rockin' to the Algo Rhythms" - An ACLS Review (Mon.)	\$69	\$69
"Rockin' to the Algo Rhythms" - Tape	\$18	\$18

*Postmarked by April 15 or when 3 or more register and pay together.
Please contact us about special rates for groups of 10 or more.

ACCREDITATION

The Humor Skills for the Health Professional conference is sponsored by the Journal of Nursing Jocularity. Provider approved by the Arizona Nurses' Association, ID Number 396-94, for 5.4 contact hours of continuing education in nursing for the pre-conference workshop and 15.6 contact hours of continuing education in nursing for the main conference. There will be no contact hours awarded for the ACLS Review.

LOCATION

This year's Humor Skills for the Health Professional conference will be held at the Marriott Hotel in downtown Philadelphia, Pennsylvania. This historical city offers a host of exciting things to see. If you plan to extend your stay, be sure to contact the Philadelphia Convention and Visitors Bureau for tourist information at 215-636-3414. We've included a few of the sights in this brochure for those unfamiliar with Philadelphia.

HOTEL LODGING

The Philadelphia Marriott Hotel is a brand new world class facility located in the heart of downtown Philadelphia, a central location that provides quick and convenient access to all of Philadelphia's major attractions. The Marriott has six restaurant and lounges, gift shops, an indoor pool, health club, sauna, and whirlpool.

We have arranged special hotel rates of \$99 single / \$118 double / \$138 triples / \$158 quad / per night. The Marriott Hotel will hold a block of rooms for participants of the Humor Skills conference until May 8, 1995. After that date, rooms will be on a space available basis. Rooms at the conference rate are limited so make your reservation early. You must mention the "Journal of Nursing Jocularity" to get our special rate. Call the Philadelphia Marriott Hotel at 215-972-6700 and ask for reservations or call Marriott Hotel Reservations at 800-228-9290.

PARKING

The Marriott Hotel will offer valet parking for Humor Skills attendees at a cost of \$20 per day. Self-parking is available in independent lots adjacent to the hotel.

- Transportation: The Marriott Hotel is eight miles from Philadelphia International Airport. An independent airport shuttle will operate to the hotel as well as train service and taxis. Costs range from \$5-20.

VOLUNTEER SCHOLARSHIPS

- We need a limited number of people to assist at the conference. We are looking for "fun oriented folks" who want to exchange their time or talents for conference admission. Besides people for registration and usher duties, we need clowns, jugglers, face painters, and any other talents that will fit into our fun atmosphere. To apply, send a self address stamped envelope to JNJ-Volunteer Services, P.O. Box 40416, Mesa, AZ 85274. We will send you the complete application. Our Volunteer Scholarship includes attendance to the Pre-conference Workshop, the Humor Skills Conference, the Networking Luncheon, the Jocularity Show and a Friday dinner buffet (\$270 value). There is a \$70 nonrefundable processing fee if you are accepted. To be a volunteer, you MUST be able to attend the entire conference, a pre-conference meeting the evening of Thursday, June 1 and volunteer work party the afternoon of Friday June 2. Requests for Volunteer Scholarship Applications must be received by February 28.

HUMOR PROJECT SCHOLARSHIP

- The Journal of Nursing Jocularity will be giving a \$500 scholarship to a hospital, organization, or individual that is planning to implement some type of humor project in their hospital or organization. The scholarship will also include admission to the Humor Skills for the Health Professional Conference. If you are interested in this scholarship please write to: JNJ Scholarship, P.O. Box 40416, Mesa, AZ 85274. Completed applications must be received by April 14, 1994.

CLOTHING

- We recommend that you dress comfortably, but bring a jacket or sweater as meeting room temperatures are often unpredictable.

CANCELLATION:

- All cancellations must be made to Journal of Nursing Jocularity and confirmed in writing. A \$20 non-refundable processing fee will be assessed on cancellations received prior to May 14. Refund requests received after May 13 are subject to a \$40 processing fee. No refunds will be made for cancellations received after May 29, 1994 or for no shows. If the Humor Skills Conference is canceled, you will receive a full refund.

- **American Airlines** is offering special fares to "Humor Skills" attendees. For reservations call 1-800-433-1790. Be sure to ask for Star File: S0255TA

- *This is a professional conference for continuing education. Out of respect to other conference attendees we request that babies and children not be brought into the conference sessions.*

Conference Registration Form

Make check or money order payable in U.S. funds only to: JNJ Humor Skills, P.O. Box 40129, Mesa, AZ 85274:

Name _____ Title (RN, LVN...) _____

Home Address* _____

City / State / Zip _____

Phone (_____) _____ Nursing License No. (for CEU'S) _____

	REGULAR FEE	DISCOUNT FEE *				
_____ Humor Skills Conference & Pre conference Workshop (Fri.-Sun.)	\$259	\$229 *	Concurrent Sessions: Please circle the number of the concurrent session that you plan to attend each day (<u>one per day</u>). See the "Program" section of brochure for session choices.			
_____ Humor Skills Conference (Fri.-Sun.)	\$189	\$169 *				
_____ Pre conference Workshop (Fri.)	\$95	\$85 *				
_____ Jocular Show (optional) (Sat. Eve.)	\$8	\$8				
_____ Networking Luncheon (optional) (Sat.)	\$25	\$25				
_____ "Rockin' to the Algo-Rhythms" - An ACLS Review (Mon.)	\$69	\$69	Saturday	C-1	C-2	C-3
_____ "Rockin' to the Algo-Rhythms" - Tape	\$18	\$18	Sunday	C-4	C-5	C-6
_____ Total Payment						

*Postmarked by April 15 or when 3 or more pay and register together. Please contact us about special rates for groups of 10 or more.

The Networking Luncheon will take place on Saturday, June 3. See the "Program" section of brochure for information about the luncheon. If you have checked the Networking Luncheon above, please select one topic of interest.

- | | | |
|--|--|--|
| <input type="checkbox"/> Humor Rooms | <input type="checkbox"/> Humor Carts | <input type="checkbox"/> Humor Baskets |
| <input type="checkbox"/> Bedside Magic | <input type="checkbox"/> Humor Bulletin Boards | <input type="checkbox"/> Humor and Nursing Instructors |
| <input type="checkbox"/> Humor Library | <input type="checkbox"/> Caring Clowns | <input type="checkbox"/> Humor and Hospice/ECF |

Please inform us of any special dietary needs _____

- ☐ I would like assistance finding a room mate.
- ☐ smoking ☐ non-smoking
- ☐ Sounds like lots of fun. Please send me _____ additional flyers for my colleagues and friends.
- ☐ Please send information about being a vender/exhibitor.

Registrations forms with payment should be received before May 22. After May 22 please contact us at 602-835-6165 to insure availability.

*We ask for a home address to insure you receive your confirmation letter.



COMMENTS FROM OUR LAST CONFERENCE

THE BEST CONFERENCE I EVER ATTENDED. I really needed this and would recommend to all nurses. Pamela Coolidge, RN, OR Staff Nurse

IT WAS SO GREAT it didn't feel at all like a CEU course!! Joyce O'Rourke, RN

ABSOLUTLEY OUTSTANDING. I'll give myself a mental health gift & try to attend next year. Kathy Stewart, RN, OCN

I have REALLY, REALLY looked forward to this. Seldom if ever when anticipation is this high do things measure up - **THIS EXCEEDED MY EXPECTATION.** Carol J. Wells, RN

FANTASTIC - It was the most wonderful, inspiring conference I have ever been through. It's a lost art revived by all of you & spread by all of us! It's magic that can heal the world & move mountains & create our Fountain of Youth! Lenora Lorenzo, RN

BEST THING I EVER DID. Great learning experience. Best \$ I've ever spent on C.E.U.s. Constance M. Wilbur, RN

OUTSTANDING - every health professional should be here! Nancy Ann Schwartz, RN, MBA

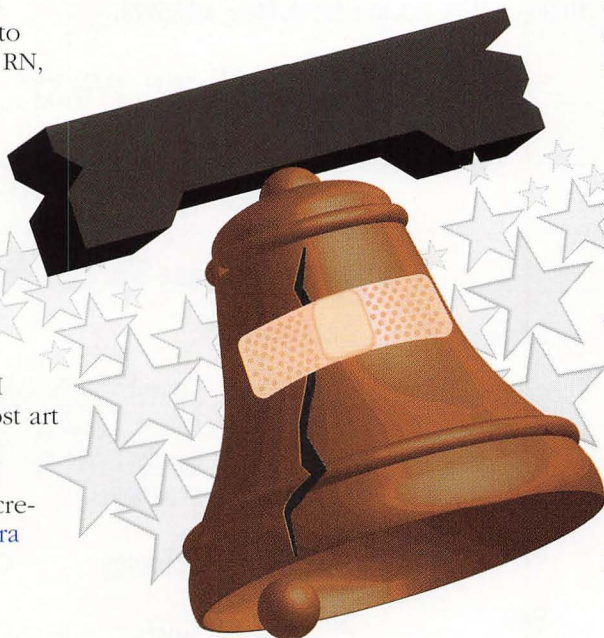
WELL WORTH THE TRIP & COST. I'd love to attend another one. I truly believe we must have humor to survive, & the conference affirmed & reconfirmed my convictions! Pam Munson, RN, MSN, CNS Gerontology

EXCELLENT. This is my first experience dealing with humor. I can't wait until I can attend the next conference. Debbie Dame, LVN

I didn't really expect to learn so much. I already employ so many of the techniques used here. Humor is a major part of my life & I want to teach others. **THIS GAVE ME MORE GREAT IDEAS.** Cindy M. Chandler, RN

THIS WAS DELIGHTFUL! As a cancer survivor & a nurse - this was a wonderful way to put things into perspective. Enid Schwartz, RN, Nursing Instructor

I have been attending nursing conferences for 20 years - This was **THE MOST ENJOYABLE AND ENLIGHTENING ONE I'VE BEEN TO!** Pamela W. Keel, RN

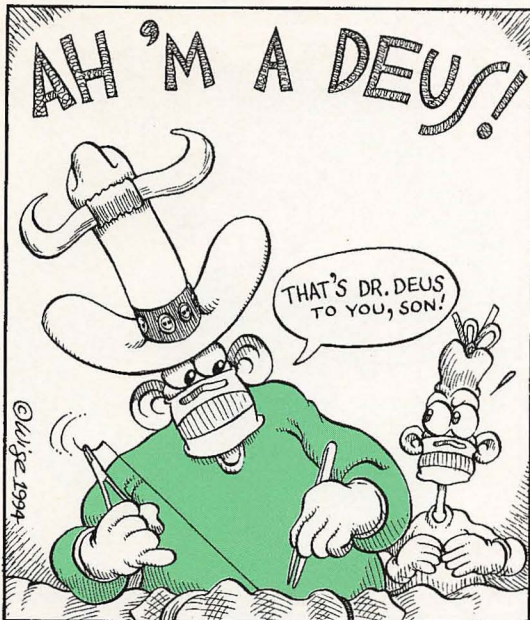


MARK YOUR CALENDAR FOR
**The Humor Skills for the
Health Professional Conference**
MARRIOTT HOTEL, PHILADELPHIA
JUNE 2-4, 1995

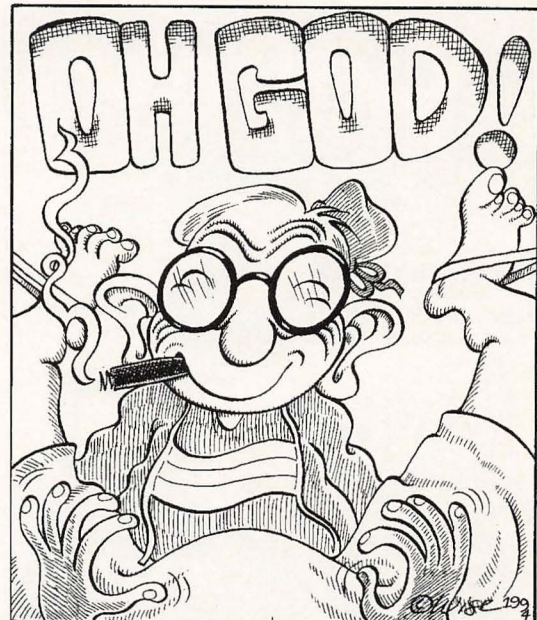
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(602) 835-6165
FAX: (602) 835-6922

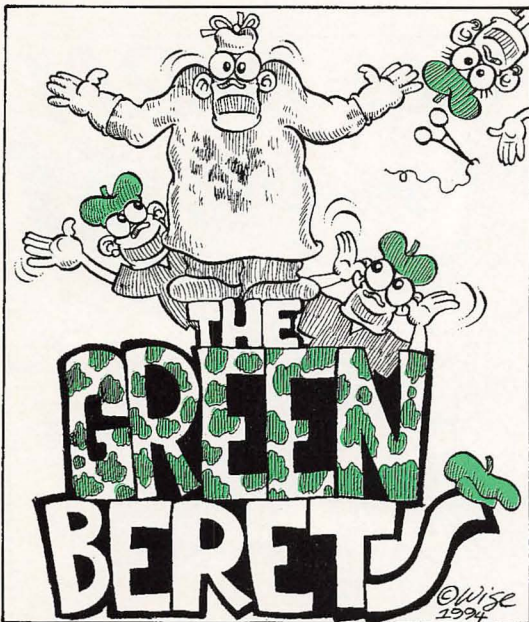
PLEASE POST



Ah'm-a-Deus! (1984). A vulgar, brash, "cowboy-style" cardiovascular surgeon arouses envy in a mediocre general surgeon. Rating: Gag me with a tongue depressor!

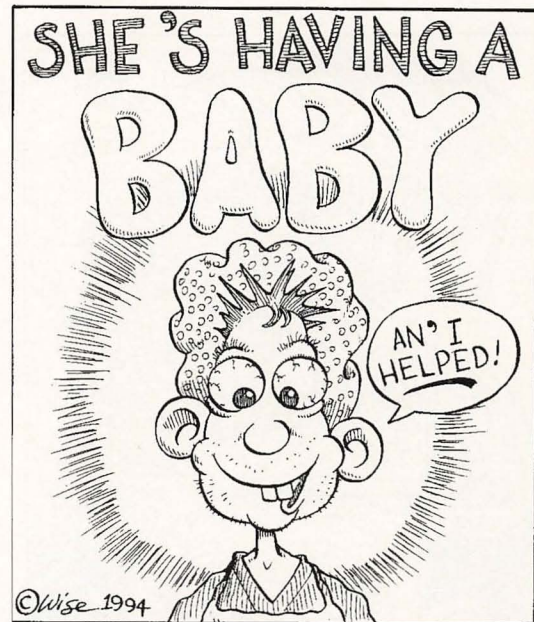


Oh, God! (1977) and Oh, God-II (1979). Insightful and profound witticisms by Ladies in Labor. Rated X, for language and gestures.



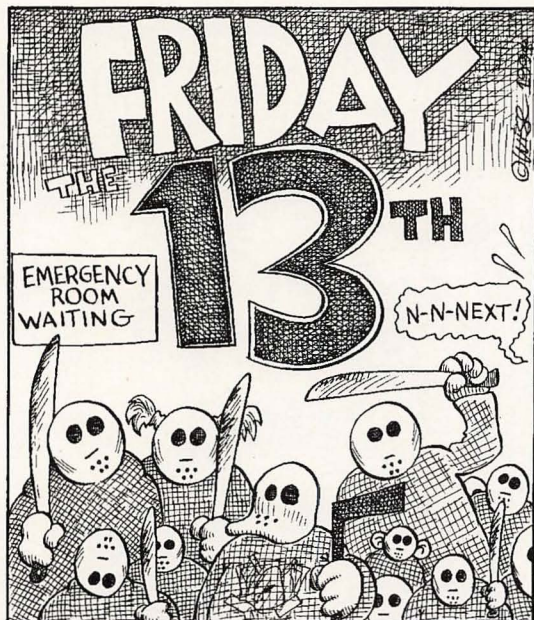
The Green Berets (1986). A trio of enterprising OR nurses make cunning supply raids, daring patient transfers, secure the OR schedules and outwit even the most caustic surgeon. Rating: Scalpel-wielding hocus focus at its best.

American Graffiti (1973). A high camp, low tech documentary exploring the hospital staff bathrooms and locker rooms. Catchy tunes! Rated X, for language, graphics and smells.

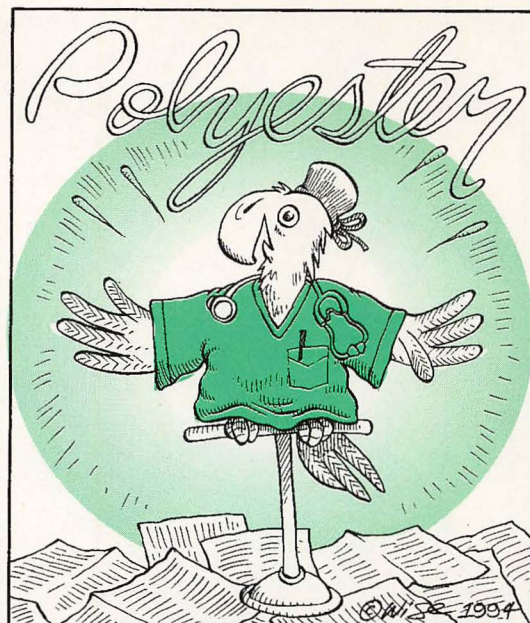


She's Having a Baby. (1988). Remarkable intelligent utterances from the partners of Ladies in Labor. Rating: Speaker frequently disappears from view.

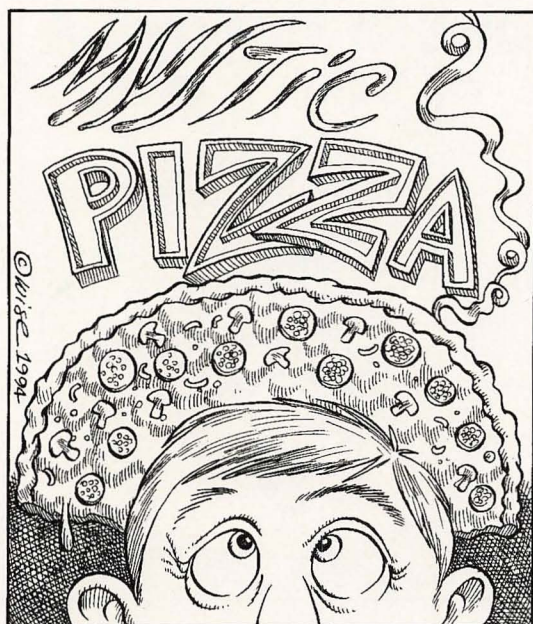
3:15 – The Moment of Truth (1986), by Dayshift Productions. High drama about narcotics, coded audio tapes and the whereabouts of various legal documents. Interpersonal conflicts abound. This is "in your face" nursing revealed as never before. Rating is deferred to next shift.



Friday the 13th: (1990). A whimsical spoof of nursing mythology: “death always comes in three’s, ERs and Psych wards go nuts during the full moon, pulling back the bedclothes wards off admission...” Rating: Ghostly.

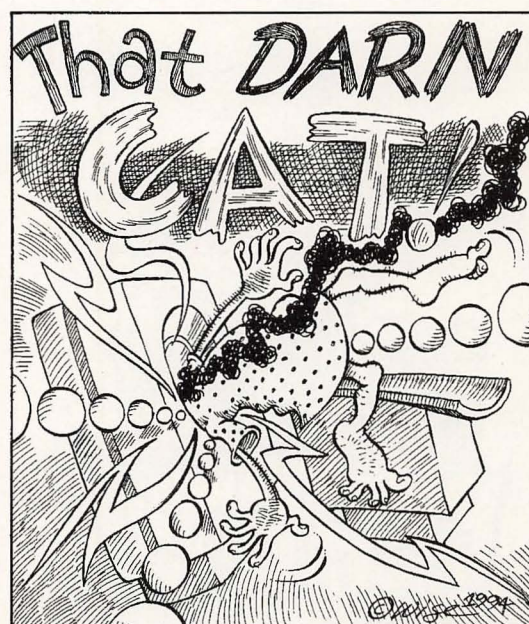


Polyester (1981). A soap opera-style history of nursing uniforms and the evolution of scrubs. Rating: Familiar appearances by Grease, Blood and the Ink Spots.



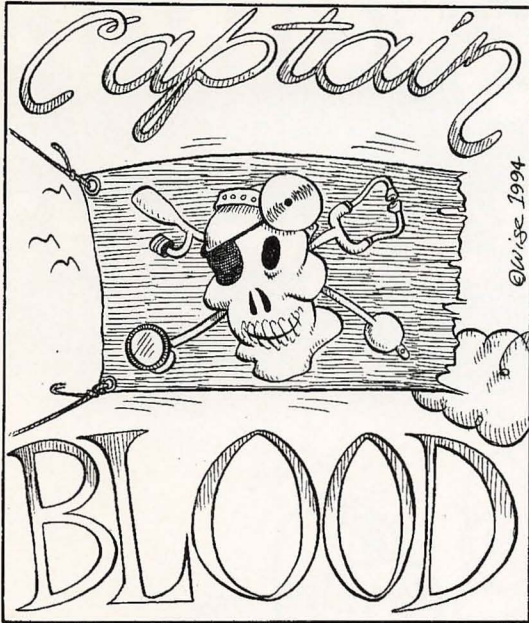
Mystic Pizza (1988). The nursing staff of a large metropolitan medical center share their favorite haunts, secret recipes and closely guarded “free delivery” phone numbers. Rating: Not yet complete, I’m still sampling.

Exodus (1990). A chilling, futuristic horror tale concerning the en masse retirements of the nation’s nurses (mean age now 42), in the face of nursing school closures and declining enrollments. Rating: PG-65.

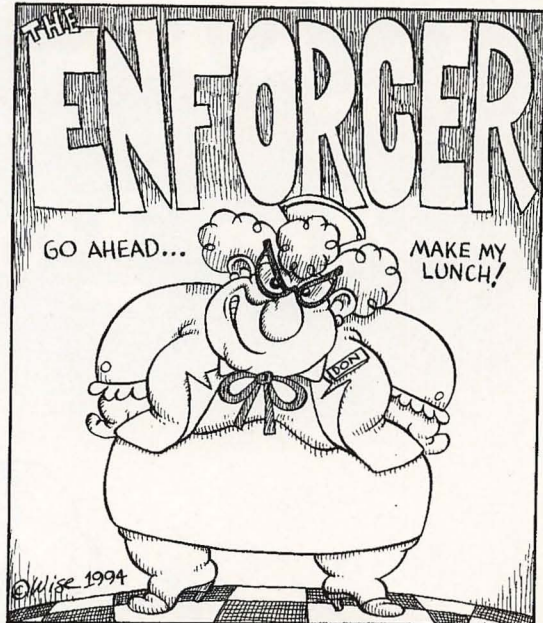


That Darn Cat (1993). A farcical look at biomedical engineering as they cope with a cantankerous scanner. Rated X, for language and gamma.

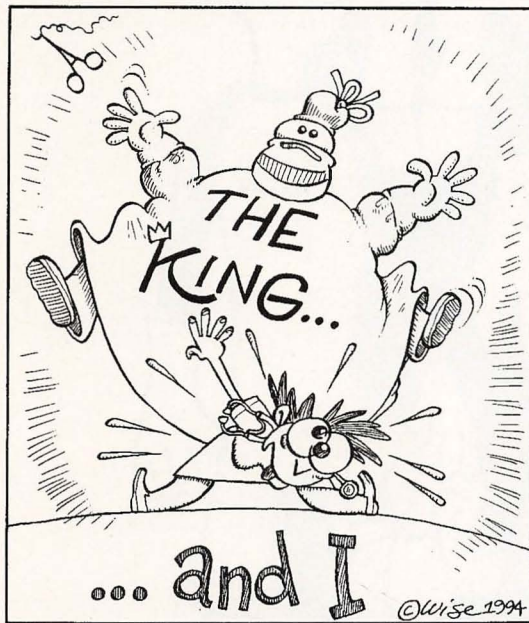
Back to the Future (1992). A 50-year retrospective of hospital nursing structure, from team nursing through primary care, and emerging into patient-focused care with the nurse as team leader. Rating: Déjà vu all over again.



Captain Blood (1994). An updated version of the 1935 classic. The adventures of a young American physician turned pirate before the 1993 Congressional Health Care Reform uprising. Rating: Suppressed by the A.M.A.

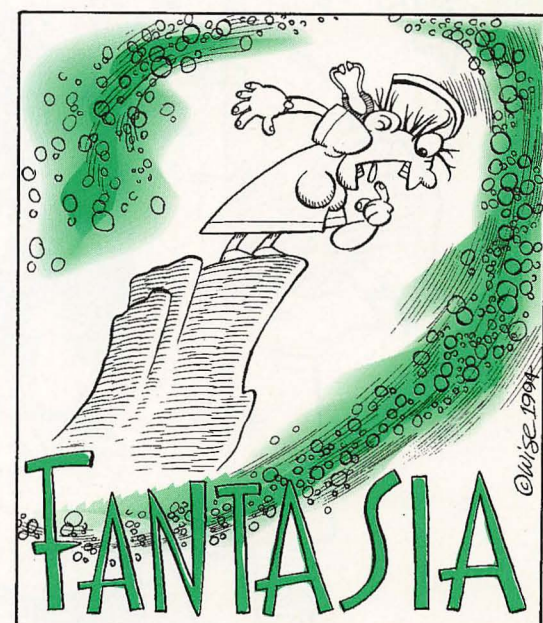


The Enforcer (1993). In this third "Dirty Hannah" film, Hannah the D.O.N. takes on a group of nursing activists. Rating: Upholds the sometimes brutal tactics used to preserve the status quo.



The King and I (1990). Compassionate docudrama about the wives of physicians, many of whom are nurses. Rating: Copies only available through the A.N.A.

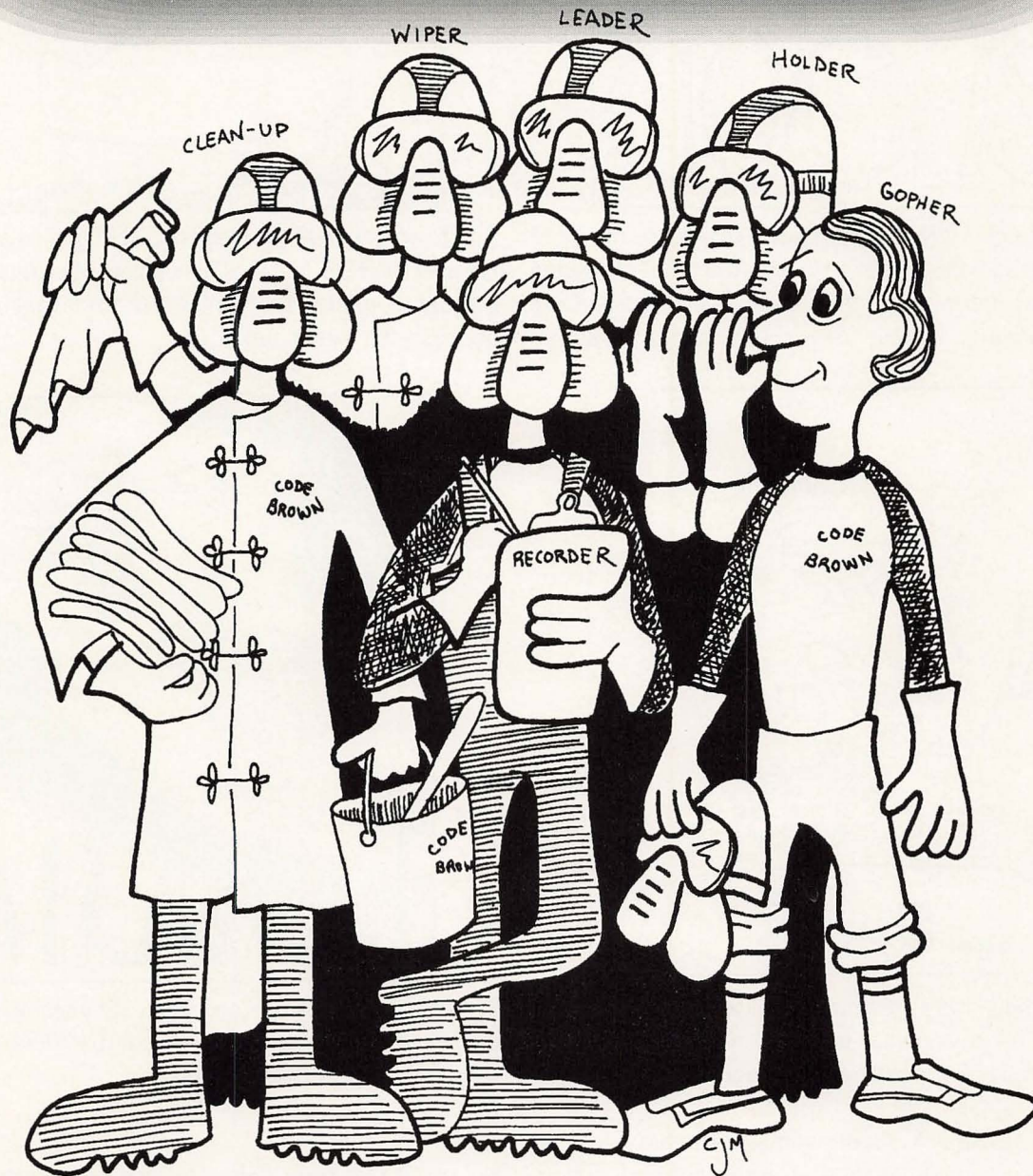
Quo Vadis (1959). A young woman, who has her heart set on entering nursing school, follows her high-school counselor's advice to "take Latin." Rating: PG-XIII; the night before graduation is a pathetic attempt to conjugate. Sequel: Xanadu. She fares no better with Greek.



Fantasia (1991). A rare and innovative feature predicting the outcome of Nursing's Agenda for Health Care Reform. Rating: Lovely visions.

So until the new releases are out, remember to save me an aisle seat, plain popcorn only, and let the reel times roll!

Code Brown: Are You Prepared?



— CODE BROWN TEAM MEMBERS —

by Susan L. Fletcher, RN, BSN

Breakthrough research at the world-renowned Ketchup Clinic in Rock Chester, Georgia indicates that 9 out of 10 nurses in the United States are not trained to respond appropriately in a critical Code Brown situation. Led by the famous Dr. B. M. Poopsalot III, researchers at the Ketchup Clinic have devised a plan of action for nurses who find themselves in this desperate situation.

Put on your hip boots, because things are about to get pretty deep.

For those of you who are unfamiliar with Dr. Poopsalot III, let me digress to introduce him, his family and his research team. Dr. Poopsalot III is a lifelong resident of Rock Chester and is passionately involved in Code Brown research. This family interest originated with his grandfather, Dr. Poopsalot Sr.

Dr. Poopsalot Sr. introduced the Code Brown team concept in 1932. His colleagues accused him of being insane for even suggesting Code Brown patients could be saved. Dr. Poopsalot Sr., sadly, took his own life in 1962, hanging himself with one of his own cherished enema bags. He died a bitter, unappreciated man.

Dr. Poopsalot Jr., whom Georgians affectionately knew as "Poop Jr.," continued his father's research at Memory University Hospital in Mylanta, Georgia. Poop Jr. felt that a large city like Mylanta might more readily accept his father's research. His work, like his father's, was not accepted by his peers. After years of unacknowledged research, Poop Jr., ended his own life in a hopeless Code Brown situation.

B. M. Poopsalot III was only 21 at the time of his father's death, and drowned his sorrow in endless bottles of milk of magnesia and lactulose. He abandoned his studies at the Ketchup Clinic to follow a group of door-to-door enema salesmen to Poopsburg, Pennsylvania. It was here that he met Dr. Q. D. Fleets, head of the Code Brown Depart-

ment at the University of Poopsburg Hospital.

Dr. Fleets restored young Poopsalot's faith in the medical community. It was Dr. Fleets' support for Code Brown research that finally persuaded B. M. to return to his studies at the Ketchup Clinic. Dr. Poopsalot III is now the most prominent Code Brown specialist in the nation.

Dr. Fleets and Dr. Poopsalot III realized that nurses are the first professionals to respond in a Code

Brown situation. Others may get there first, but nurses are always the first to respond. Consequently, the physicians recruited nurses interested in Code Brown research into the team. Willie Chit, RN, was the first nurse to become involved. Then came the twin sisters Ima Poop, RN, and Ura Poop, RN.

The Ketchup Clinic obtained valuable Code Brown equipment, thanks to these dedicated RNs. They inspired two professional foot-

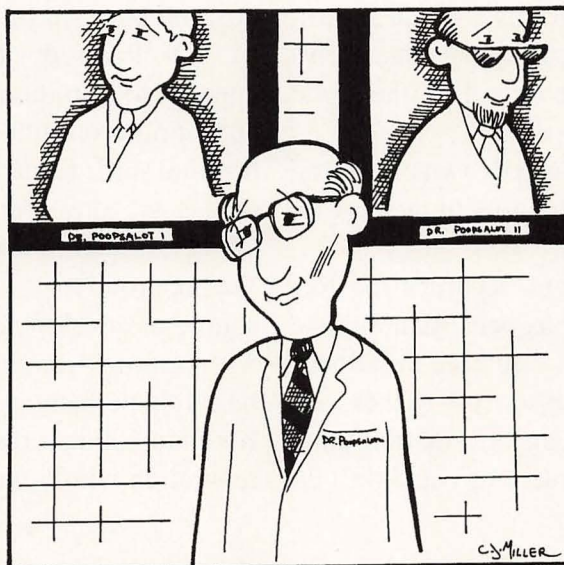
ball stars to donate the funds needed for equipment and research.

Code Brown research at the Ketchup Clinic is fully funded by the Mylanta Foulsmell football star Doo Doo Horsehockey and the Poopsburg Stoma Football star "Bull" Crap. Both men lost loved ones in devastating Code Brown incidents.

After years of exhausting study, the researchers perfected the Code Brown Team concept and introduced it to nurses at the Ketchup Clinic in January 1993. Since then, the Code Brown Team has been a tremendous success. It empowers nurses to respond as true professionals in this critical situation.

The Ketchup Clinic provides all members of the Code Brown Team with the equipment to handle a Code Brown. It also prepares nurses through an excellent Mock Code Brown program. Realism is achieved in the Mock Code Brown with the use of chocolate syrup and chocolate pudding.

Nurses' equipment includes the previously men-



tioned hip boots, as well as a raincoat, goggles, industrial strength rubber gloves and a gas mask. The gas mask was a most valuable addition to the supplies. Methane toxicity has been a serious work hazard for nurses who respond to Code Brown situations.

Code Brown Team members include the Team Leader, the Recorder, the Gopher, the Holder, the Butt-wiper, and the Clean-up Nurse. In a typical Code Brown, the first nurse to respond becomes the Team Leader. This nurse performs a visual assessment to confirm that true Code Brown exists. Relying on odor alone may result in calling the Code Team unnecessarily.

After confirming a true Code Brown exists, the Team Leader dials the operator to summon assistance.

The next nurse to respond becomes the Recorder. This is an important role, because complete and accurate documentation is essential. Full documentation includes the time of discovery of the Code Brown, the response time and the termination time. Remember, if you don't document it, you didn't do it!

The next nurse to respond becomes the Gopher. Items the Gopher gathers include Chux, wash cloths, towels, soap, linen, diapers and air freshener. It is the Gopher's responsibility to ask the Team Leader if any additional supplies are needed.

The fourth nurse to respond is the Holder. The patient is held on his or her side in preparation for the arrival of the fifth nurse, who becomes the wiper. The last nurse to respond is the Clean-up Nurse, who gathers used equipment, places it in a locked steel box and buries it in the hospital courtyard.

Dr. Poopsalot III is now lecturing around the country to communicate the virtues of having an appropriately trained Code Brown Team on each hospital staff. Code Brown Certification courses for nurses are now being developed at the Ketchup Clinic. Watch future issues of the *JNJ* for updates. We are proud to have been chosen as your exclusive source of developments from the Ketchup Clinic.

(*Editor's note:* References are not required on research performed at the Ketchup Clinic. The Ketchup Clinic's research stands on its undisputed reputation within the medical community.)

Top Ten Reasons...Why It's Useful To Wear Your PPE - (Personal Protective Equipment)

By Mary Thompson, RN

- | | |
|---|--|
| 10. It's the next logical step beyond PPD. | 5. It beats the last fashion statement that came out of Paris. |
| 9. In some cultures, goggles, gloves, and aprons are as popular as leather, chains and whips. | 4. Jerry Brown sees it as a major campaign issue. |
| 8. It's just plain wacky fun to dress up as the floor nerd once in a while. | 3. Your kids might want to borrow it for the prom. |
| 7. Consider it an extension of Mardis Gras North. | 2. You could get a job as an extra in Star Trek 10. |
| 6. Being fully clad in PPE can be very productive on Halloween. | 1. PPE has better ring to it than HIV or HBV. |



Student Nurse Cut-Ups!

Charity

When finishing nurses' training, a representative from the blood bank gave us each a uniform donor card. One of the students was overheard saying, "Oh, that's a good idea. We won't need these uniforms anymore."

Elaine McIlroy

What?

When assessing a patient, I asked him how long he had his cough. "I don't know. I've been out of town," he replied.

Cherry Green

Contortionist

When I was grading papers late one night, one student's evaluation of her teaching plan jolted me to alertness: "My patient learned to ambulate to the bathroom, bend at the knees and eat himself."

Pauline Donnelly

Bulls Eye!

During our maternity course, student nurses were used as leg-holders. Instead of putting the patient's feet in stirrups, we would

hold their legs during delivery. Carla, a fellow student, had the role of leg-holder during a difficult delivery. The baby was born distressed, so both the Circulating Nurse and the Nursery Nurse were attending to it. Suddenly, the doctor started yelling, "Somebody apply suprafundal pressure!"

Carla, being a brave soul, said, "Tell me what to do and I'll do it!" The physician explained that she should pull up on the fundus and push down. He meant toward the patient's head. When Carla pushed down, the physician got a face full.

Later, Carla was in the nurses' lounge feeling upset and embarrassed. The assistant head nurse came in and said, "Let me shake your hand. I have been trying to do something like that to that man for years!"

Enid A. Schwartz, RN

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Moby Sick

One of our physicians is strongly prejudiced against morbidly obese patients. At the ER desk, he made several nasty remarks about one patient, referring to her as "the whale."

Then his anger flared when he emerged from her exam room. He was unable to assess her because she was still in street clothes. He returned to the desk and yelled at the student nurse to "get a gown on 'Moby' now!"

Obligingly, the student entered the room and said, "I have a gown for you, Mrs. Moby."

Jacqueline Zabresky, RN, BA, CCRN

Laugh and Learn: Humor in Nursing Education

by Sandra M. Hillman, PhD, RN

Definition and Purposes

Although there is no universally accepted definition for humor, Robinson (1991) defines humor as any communication which is perceived by the people involved as humorous and leads to laughing, smiling and a feeling of amusement. In health care settings, humor is viewed as a medium of communication.

Humor's advantages have been accepted throughout history and its positive physiological and psychological effects are well established. Humor benefits education by putting the educator and the participants at ease; enhancing problem solving, both interpersonally and in a group setting; and promoting expression and exchange of ideas. In addition, humor and laughter are increasingly proposed as tools to help the nurse meet health-related goals and objectives (Davidhizar & Bower, 1992).

Most humor within health care settings is spontaneous, arising out of the situation. The circumstances at hand inspire a witty remark or ludicrous action. Formal humor can take the form of cartoons, games or the planned inclusion of jokes or funny stories. Both informal and formal humor are appropriate in the educational setting.

Humor enhances learning. "What is learned with laughter is learned well" (Grotjahn, 1957, page IX), humor stimulates mental processes. Humor helps memory and stimulates creativity and critical thinking. Its use in adult education may facilitate the learner's receptivity to the information presented and willingness to explore new ideas. Games, simulations, role play, case studies and other related activities all apply the principles of adult learning.

The affective domain strongly influences the learners' willingness to apply knowledge and skills. Humor allows for the expression of feelings, such as empathy and anger, in a constructive manner. Strategies like games and interactions facilitate acquisition and application of cognitive, affective and psychomotor knowledge.

The use of humor in simulation games and role play can foster an openness and willingness to examine other viewpoints. This is important when dealing with sensitive issues such as bioethics and cultural differences.

When value conflicts arise, a look at the comical side may lessen the learner's sense of threat, because the game is conducted in an informal atmosphere.

Educators recognize that humor is important, but have made few attempts to use it deliberately when teaching. Unfortunately, the educational process has long been associated with formal discourse and the serious student. Humor is rarely planned in the educational process of health professionals. Could this solemnity of what is being taught and how it is being taught be what is driving numbers of bright, laughing students out of college? Content alone cannot maintain everyone's attention and interest.

Humor enhances the learning process and fosters the student-teacher relationship and facilitates socialization into the health care profession. It develops the student's ability to relate in a warm and friendly way to others. It's a communication tool and a health intervention. An instructor who models the use of humor wields a strong, multi-

purpose tool.

In education, survival depends on learning and change. The concepts of creativity, change, humor and learning are closely related. Creativity implies the ability to change and produce change. A change agent has the ability to be creative. The humorous release is a change of venue. Cultivating our sense of humor means learning to thrive on change.

Theoretical Rationale

Ziv (1989) has demonstrated that teaching with humor stimulates divergent thinking, the creation of new ideas and new ways of looking at situations. Laughter liberates the flow of ideas, and is positively correlated with creativity. Ziv has shown that the open, humorous teacher creates an atmosphere conducive to better academic work. Higher humor, which invites us to share in our common defects, improves learning. Sarcasm or ridicule, on the other hand, does not. In addition, Ziv found that humor may be a better predictor of leadership than IQ.

Zillman and Bryant (1983) found that the humor used with college students must be relevant to the subject being taught. Unrelated humor detracts from the student-teacher rapport and inhibits learning. On the other hand, relevant humor that is well integrated into the educational message may lead to superior retention of new information. It makes the learning experience more enjoyable and enhances student-teacher rapport.

Fry (1986) reports that laughter enhances the learning process by stimulating the production of catecholamines

in the brain, which increases alertness and memory.

Humor is not related to one particular theory of learning, but has a place in every theory. Humor and laughter contribute to all the principles of learning: enjoyment; creativity; interest; motivation; a relaxed, open, warm environment; a positive student-teacher relationship and decreased tension and anxiety.

Humor most closely aligns itself with the humanistic approach to education. The goals of the humanistic movement are to build a positive self-image, identify the self-actualized man and find meaning in one's life. Maslow (1970), who pioneered this movement, defined the self-actualized man as having a philosophical, unhostile sense of humor. Humor and laughter enable the educator to remind others of their humanness. Maslow defines humor and laughter as education in a palatable form.

An educator who facilitates learning is real and genuine. Having a sense of humor is an aspect of being real. Eble (1966) states that laughter creates the very air in which learning thrives. Laughter is giving and recognizing. It forces a physical giving that relaxes the inner self for a moment. Such giving is necessary to prepare the self to learn. Eble suggests that parents consider laughter even before love. This is because laughter keeps love from smothering, and if we laugh we are bound to love.

Applications

We can use humor in the classroom in several ways. Educators can present concepts humorously or use amusing examples to help students understand and remember lecture material.

The educator can relate humorous experiences of personal mistakes. This can help the student with unrealistic expectations of his own performance to relax and accept the learning process. Humor also provides a way to criticize, show mistakes and express values, yet saves face for the student. Higher humor does not destroy one's self-image but rather implies caring.

Planning and modifying

The effective use of humor needs to be learned and refined, just like any other teaching strategy. Before formally using humor in teaching situations, assess your own sense of humor.

White and Lewis (1990) developed a humor profile for this purpose. The score obtained on the humor profile reflects the degree to which educators could improve their abilities to use humor in teaching. Completion of this humor profile may provide insight into a person's ability to lightheartedly accept and tolerate self and others. It may also reveal one's willingness to progress from conformity and to use humor techniques and materials in education.

Using humor

Humor can be used in all educational settings, but the method must suit the environment and situation. Special equipment may be needed, depending on the objectives and type of humor implemented.

Activities include ice breakers, learning exercises, role play, jokes, games and the use of cartoons. Tiered lecture halls will inhibit the students from relating in the game format. If games are being used to facilitate learning, various props, video or audio equipment may be required. On the other hand, anecdotes of one's own experiences can be presented in any setting, without equipment.

Each educator needs to find a personal style of humor. Some educators feel most comfortable relating their own experiences. Others present content using jokes, anecdotal situations and humorous exercises. Observe others who use humor. Collect humorous material by listening and talking with colleagues and keeping records of humorous events.

Educators who are not comfortable using spontaneous humor in the classroom might choose standardized exercises or games. Set the learning objectives, then select the game or exercise. Ensure that the participants do not become so involved in the activity that they miss the point of the content.

Before using a game or exercise, pilot test it with a different group of people. This will help you determine whether the game is effective in meeting your objectives.

What works for some people does not necessarily work for others. Keep in mind that men and women react to humor differently. In addition, games may have different outcomes each time they are used. Like other types of teaching, structured games and exercises must be evaluated for their effectiveness.

An educator is primarily responsible to ensure clarity and precision of information. However, a sense of animation and entertainment will enhance the participants' receptivity to the presentation.

After each exercise or game, debrief. Debriefing allows the educator and participants to process their feelings and identify outcomes. This puts the participants back together, so they can move on to the next task.

Potential problems

Educators must be honest and open with their students. Students should not be the target of humor.

When using a game to teach, consider the following:

- Does the game encourage the players to laugh with as opposed to laugh at one another?
- Does this game help the participants feel more connected with the other members of the class?
- Does the game include everyone?
- Is it cooperative rather than competitive?
- Does the game take positive action?
- Does the game provide opportunities for the players to be imaginative and spontaneous and provide room for recreation?
- Can the participants' goals and standards be met?
- Is it challenging?
- Does it facilitate the content being taught?
- Does this game put the participant before the rules?
- Is it fun?

An example

How can a game stimulate critical thinking? To stress the significance of using critical thinking skills when confronted with a problem, use an exercise that requires both creativity and analytical ability.

Ask participants to remove an object from a tall cylinder, using any resource at their disposal, without tipping the cylinder. Usually participants identify elaborate time-consuming solutions.

At the end of a specified time, demonstrate the less obvious but most effective solution. As water is poured from your water pitcher into the cylinder, the learners watch the object rise to the top. Most laugh and acknowledge the foolishness of their efforts and their inability to identify the most simple, efficient and creative solution to the problem.

It is more effective to actively involve your students in each phase of the topic, than to have them merely listen to a description of the concept. Explorative and imaginative activities teach better than lectures.

Summary

Humor is an important tool for the educator. Most students can recall a meaningful learning experience because it was presented in a humorous or playful manner.

Only one instructor in my doctoral program used humor and play. This professor of learning theories used spontaneous humor and fun exercises to foster a desire to learn. I was inspired and motivated to attend every class to participate in the educational process so enriched by humor!

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REVOLUTION

The Journal of Nurse Empowerment

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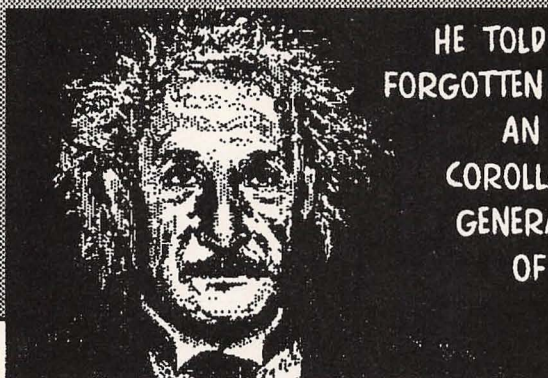
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ONE NIGHT
EINSTEIN
APPEARED TO
ME IN A
DREAM...



NOT
LONG
AFTER
ELVIS



HE TOLD ME HE HAD
FORGOTTEN TO INCLUDE
AN IMPORTANT
COROLLARY TO HIS
GENERAL THEORIES
OF RELATIVITY.

WHILE I TOOK NOTES, HE GAVE ME

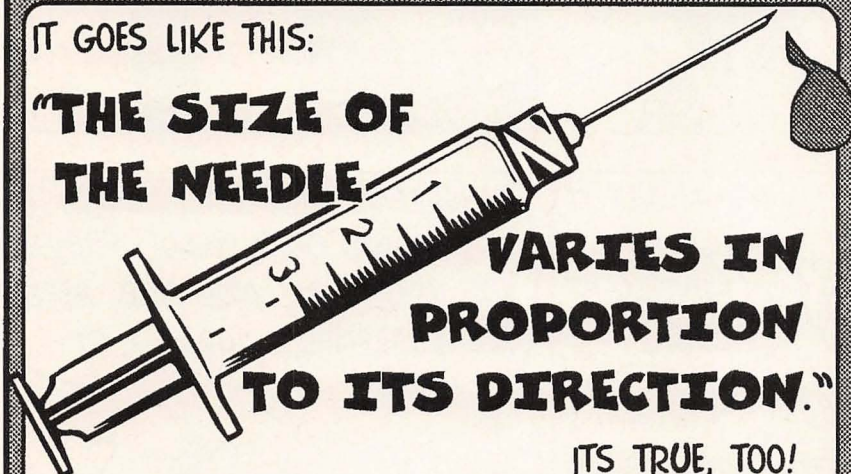
EINSTEIN'S SPECIAL THEORY OF NEEDLE RELATIVITY

BY RANDY ROWLAND, RN

© 12/93 RR

IT GOES LIKE THIS:

**"THE SIZE OF
THE NEEDLE**



**VARIES IN
PROPORTION
TO ITS DIRECTION."**

ITS TRUE, TOO!

IF THE SYRINGE POINTS
TOWARD SOMEONE ELSE—
A HELPLESS PATIENT, FOR
EXAMPLE, THE NEEDLE IS
OBVIOUSLY QUITE SMALL...



YOU'LL
ONLY
FEEL A
LITTLE
PINCH

Employee Health Nurse

BUT IF THE SYRINGE POINTS
AT **ME**, A 26 GAUGE
NEEDLE **PHYSICALLY**
ENLARGES TO A 15
GAUGE OR **MORE**



UH, AH, ARE YOU SURE
I REALLY NEED THIS
FLU SHOT?

EINSTEIN WAS RIGHT,
EVERYTHING IS RELATIVE.
BUT HE ADMITTED TO ME
THAT THE BIBLE FOLKS
CAME UP WITH
IT FIRST:
**"IT IS MORE
BLESSED TO
GIVE THAN
TO RECEIVE"**

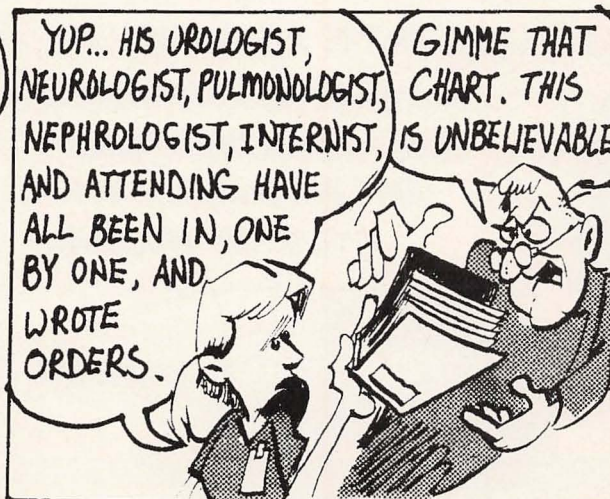
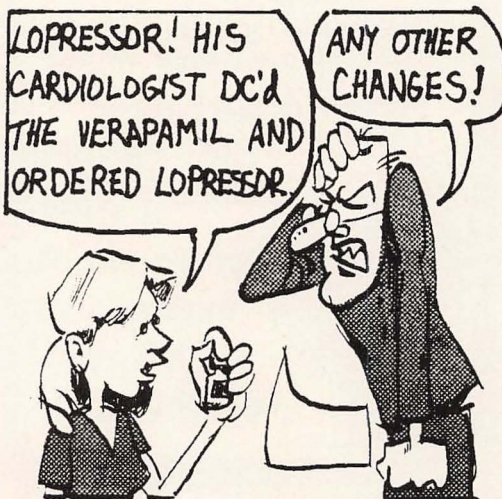
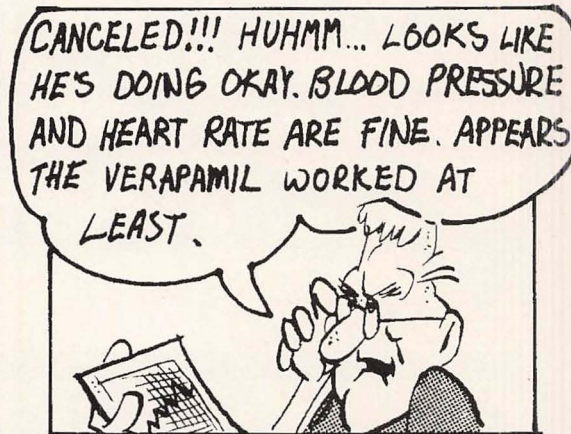
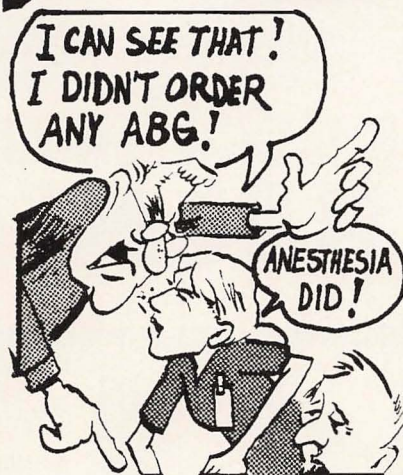
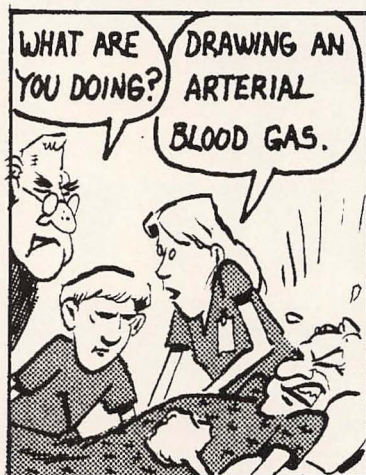


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CULTURE AND SENSITIVITY

MEDICINE...
IT'S SUCH AN EXACT
SCIENCE!

SMIRK
SMIRK



THE ADVENTURES
OF

P.M.S.

THE
P.M. SUPERVISOR
BY C.J. MILLER



AS THE SHIFT
APPROACHED THE
FINAL HOUR AN
EERIE CALM
LINGERED
THROUGHOUT THE
HOSPITAL.

EVERYONE WAS
AWARE OF ITS
PRESENCE, BUT
ALL WERE TOO
EXPERIENCED TO
JINX THINGS BY
COMMENTING ON
THE PEACEFULNESS.



... BUT, THEN
THERE WAS SUSIE
THE NEW KID ON
THE SHIFT...
HER INNOCENCE
BETRAYED HER
AS THROUGH A
BRIGHT EAR TO
EAR GRIN SHE
STATED...



THE BEST WAY TO
HAVE A GOOD SHIFT
GO BAD... IS TO HAVE
SOMEONE COMMENT ON
HOW QUIET THINGS ARE...



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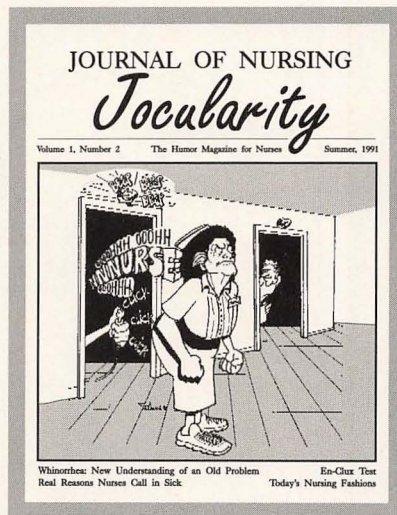
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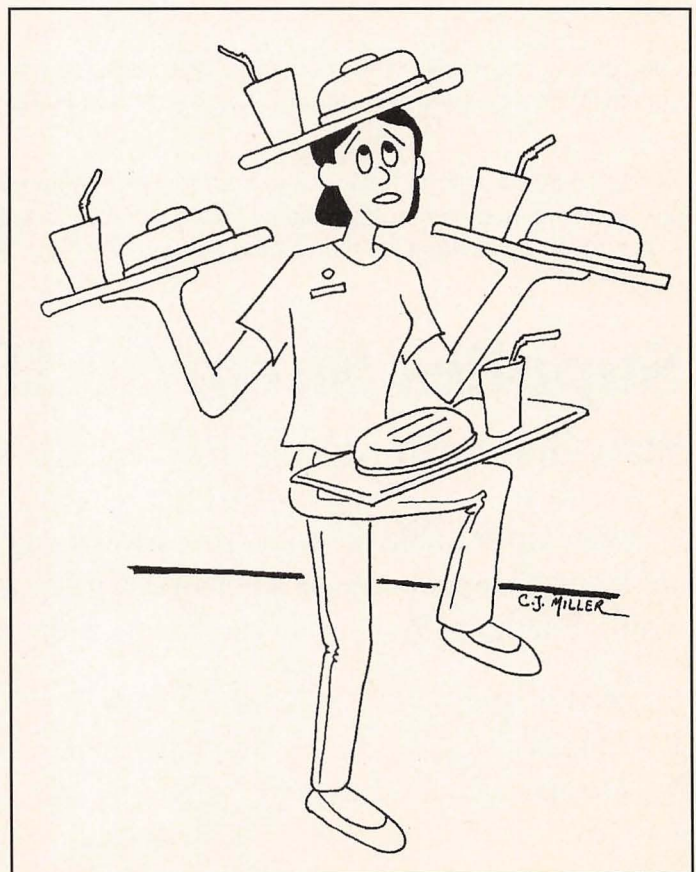
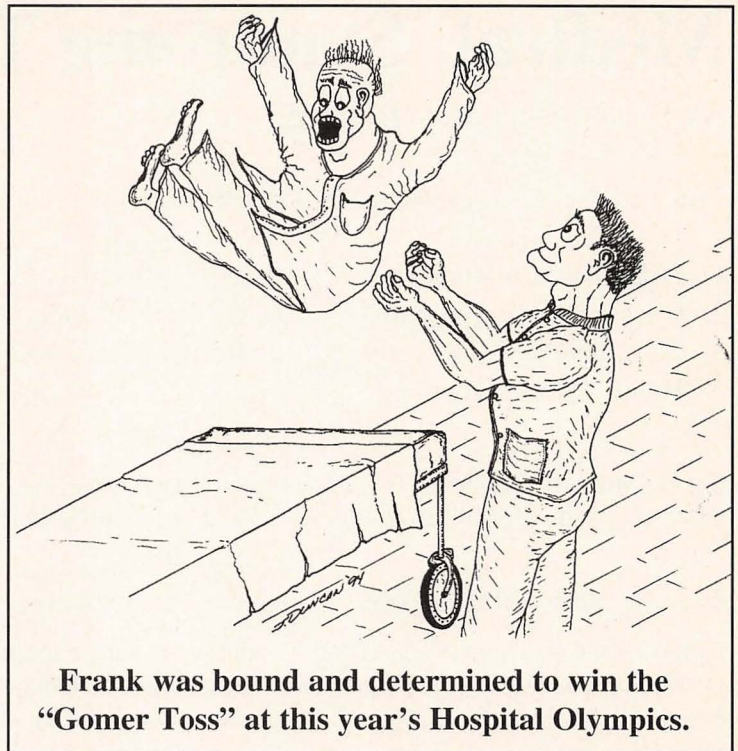
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1. Red ox pie
2. Is lean
3. Her mom moans Egypt
4. Tea in bed
5. Lenin
6. Bend Pa
7. RN, U all?
8. Laces
9. Act three
10. XY gone
11. Go vs. El
12. Motor in

Can you unscramble the following mishmash to get the names of medical supplies? These are things that you'd see on a hospital ward or in a doctor's office. All answers have only one word. Example: Trach = chart. Solution on page 42.

Bina Goodman Simon, RN, C, BSN

Supplies Surprise II

1. Yes, this is true. It is also called "conscious immobility." This syndrome affects nurses of both sexes. It can occur at any time of day or night and lasts a few seconds. Symptoms include "transient disability of voluntary muscles with full awareness of it and inability to terminate it..." Just ask most "night nurses" if you want to hear about additional symptoms!
2. Once again, true. This syndrome has been described in children. They exhibit patterns of behavior including high sociability, pseudo-brightness and excessive talking without really knowing what they are talking about. It has been associated with chronic infantile hydrocephalus.
3. There is no such syndrome. However, there is a "Jung Syndrome."
4. True. This is another syndrome which is related to neurologic abnormalities and is considered to be a rare form of infantile epilepsy. Children with this syndrome show frequent jerking, puppetlike activity. They also have a prolonged laugh and protrude the tongue.
5. True. However, this is not a syndrome which is acquired during medical school, at least that is what the Dictionary of Medical Syndromes reports. Unfortunately, this is an autosomal recessive syndrome resulting in abnormalities of the bone, kidney and brain. Those affected have cerebral calcification due to a deficiency of carbonic anhydrase II.
6. True. This is not a syndrome only of cardiologists and second year residents. It also occurs in patients following neurosurgery. Post-surgical patients compulsively turn their heads away.
7. True. This syndrome is due to a cyst in the third ventricle of the brain. As the names implies, these patients continuously bob their heads in a rhythmic manner. They also flex their head and arms. Following neurosurgery the bobbing will cease.

1. Night Nurse's Paralysis
2. Cocktail Party Syndrome
3. Tao Syndrome
4. Happy Puppet Syndrome
5. Marble Brain Syndrome
6. Adversive Syndrome
7. Bobble-Head Doll Syndrome

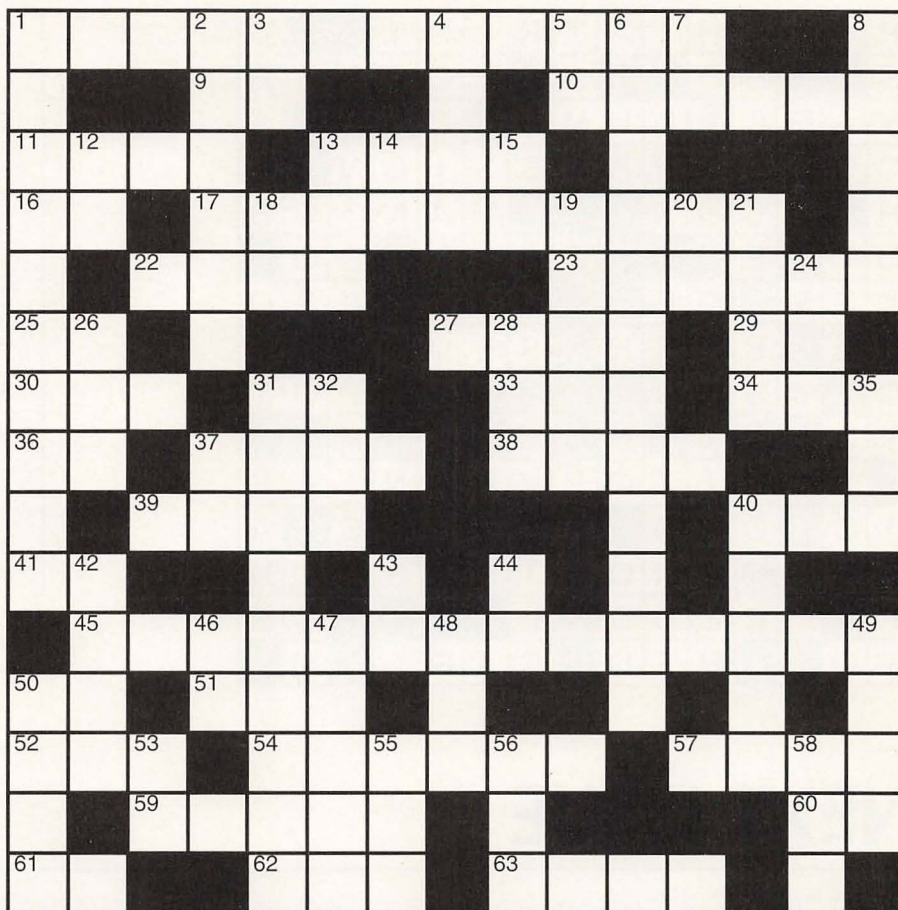
True or false, are these actual syndromes or not?

By Sandie P. Molloy, RN, MSN, CCM

Medical Syndrome Trivia

JNJ CROSSWORD

Psychiatry and Stuff by Frances Kiefer, RN, CCRN



ACROSS

1. head work professional
9. additional "d" gives palindrome
10. quiet hotel "psycho"
11. menage a trois in feet (collectively)
13. to make painless
16. liquid tranquility measure (abbv.)
17. downer time
22. synonym for likewise, too
23. busybodies
25. busy fingers, idle mind activity
27. quintessential Walter Hudson
29. those who object (abbv.)
30. Australian endearment term
31. objectified case of "I"
33. advanced problem manipulator (abbv.)
34. ago, ___go, I go
36. busy fingers, idle mind activity
37. quick voyeur activity
38. low profile fetish object
39. part of jungle
40. seat of many psychiatric problems
41. Norwegian version of "yo"
45. all-purpose psych diagnosis (pl.)
50. input/output (abbv.)
51. killer's psychiatrist failed her John

52. paranoid's favorite government agency

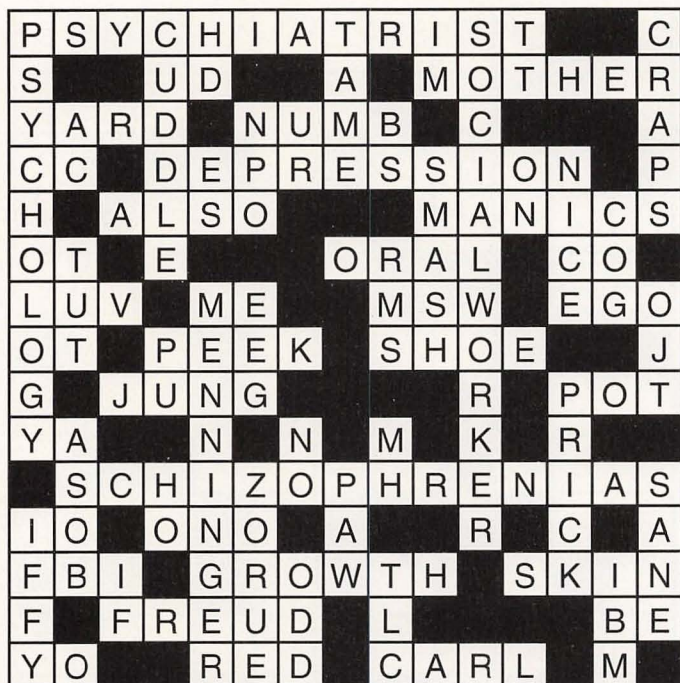
54. healing in therapy
57. hold inner self together
59. poppa psych from the old country
60. bingo question: 2B or not 2__
61. MTV cool greeting
62. "the color of hurting"
63. Mrs. Rogers' "accepting" son

DOWN

1. study of mind over matter
2. marriage counselor's advice
3. heavy duty (abbv.)
4. sorts out the head tangles
5. another "me is"
6. they swill at trough of human misery
7. tot tinkle (abbv.)
8. chancy enema result
12. empowerment source (abbv.)
13. no food, no water (abbv.)
14. ___ what you eat
15. human expeletive with animal referent (abbv.)
18. extraordinary future perceptions (abbv.)
19. aggressive confrontational swat

20. Bobbit: "It's g__e!"
21. passive-aggressive pleasant side
24. simple, but essential part of wheel
26. one-half of Egyptian chortle
28. objectified sleep term (abbv.)
31. Karl of Topeka
32. brain drain measure (abbv.)
35. new learning of old stuff (abbv.)
37. bad pun descriptor
40. pointed growth (i.e. thorn) that causes pain
42. patient perjorative characterization of some psychiatrists (2 wd.)
43. negatory declaration
44. generic goal of life without psychiatry (abbv.)
46. partial greeting from insincere Santa
47. family name of Alton Zorue
48. dog fetish item
49. unprofitable psychiatric patient status
50. maybe yes, maybe no statement
53. first word in cop-out statement
55. overdosed twice
56. quality nursing; anywhere, anytime
58. corporate potty statement (abbv.)

Solution on page 42



Supplies Surprise II Solutions

1. Peroxide
2. Saline
3. Sphygmomanometer
4. Betadine
5. Linen
6. Bedpan
7. Urinal
8. Scale
9. Catheter
10. Oxygen
11. Gloves
12. Monitor

NEXT ISSUE

You Know the Hospital Bureaucracy Has Gotten Too Big When . . . by Harold Stearley, RN, BSN, CCRN. Measurable criteria which can help you determine if the bureaucracy of your workplace has grown out of control.

Confessions of a Camp Nurse. Patsy Gehring, RN, MS has heard the "call of the wild," literally, and has responded. Everything you wanted to know about camp nursing, and more.

Patient Transfer Pre-Test Think you know everything there is to know about patient transfers and the Post-Anesthesia Care Unit? Elaine Tuten, RN tests your knowledge with this challenging quiz.

Discharge Planning Made Easy This article demystifies the discharge planning process. It provides two screening tools that can easily be integrated into general nursing practice. By Janet Rosen, RN, BSN, PHN.

The Sea Witch. It's just another full moon and she's working the night shift in the ED. What could possibly happen? By Carol Cramer, RN.

The Four Basic Nursing Personality Types. Suzanne M. Vargo, RN has observed a diverse collection of nurses. Despite their diversity, she finds nurses generally fall into one of four distinguishable personality types.

Environmental Unconsciousness I: IV Tubing Hospitals must respond to the environmental demands made upon businesses today. Andrea H. Sangrik, RN, BSNA suggests ways hospitals can save the earth's resources while saving money.

Reclaiming Your Inner Pup: A Nurse's Guide to Self-Whelp. Robin Walter, RN, BA, BSN pokes fun at co-dependancy, pop psychology, the self-help arena and how it relates to nursing.

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HUMOR

by Karyn Buxman, RN, MS

This edition of HumoRx features nurse entrepreneurs. Nursing school taught most of us how to work for others. Few of us had any training in how to be in business for ourselves. Here are some nurses who have answered that call (call light?). They have taken their humorous notions and put them to work. Maybe after reading about their achievements, you'll feel stimulated to try your own hand at it.

First, let's look at a product by **Bob Diskin and Rick Glasener**, a.k.a. **TOO LIVE NURSE®**. Those who attended the *JNJ* conference in Anaheim got a taste of the wildly funny, yet educational, music generated by this team. **TOO LIVE NURSE®** uses music to promote learning. *ROCKIN' TO THE ALGO-RHYTHMS 2* is an educational package designed to help health care providers memorize the drugs, dosages and sequence of interventions for various cardiac dysrhythmias set forth by the American Heart Association (AHA).

The package consists of an audio tape and a booklet divided into eleven sections. The sections cover content on v-fib, v-tach, PEA, PSVT, hypothermia, hypotension, bradycardia and more. Each section provides the words to the song associated with the condition covered, referral to appropriate resources, and space for the algorithm.

Learning these songs is obviously not a substitute for full and working knowledge of the anatomy, physiology and rationale behind the interventions prescribed by the AHA. These materials are only a set of musical cues

to promote recall. However, I've never heard or seen any materials that ever made algorithms so memorable and so *fun*! It's been a couple of years since my last ACLS class, but the memory of the stress is still vivid. Cruising down the highway listening to the audio tape of Bob and Rick, I was surprised to find myself smiling and laughing about something that had once caused me so much distress.

Tunes and readings range from classics to contemporary. William Shakespeare might find the following scene vaguely familiar:



IIB? . . . or not IIB?

What are these classifications?

That is the question.

Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune
And being hailed to thee as a class III
Being NOT INDICATED

Indeed, having had it said that we
MAY BE HARMFUL

Or to take arms against a sea of trouble
And by opposing, end them.
To die . . . to sleep no more.

For the baby boomers in the audience, "The Brady Heart," sung to the tune of "The Brady Bunch" theme song, will definitely strike a familiar chord. And the other songs, with original lyrics and music, will dance their way into the recesses of your brain, reminding you of the appropriate steps to take when that next cardiac emergency arises.

To order *ROCKIN' TO THE ALGO-RHYTHMS 2*,

send \$15 (plus \$3 S&H, 7% sales tax for NY) to TOO LIVE NURSE®, P.O. Box 201, Canaan, NY 12029 or call for more information at (518) 781-4943.

Next is *For All Nurses Who Have Considered an Early Retirement When the Bureaucracy Is Enough!* by **Deanne Morgan, FN** (former nurse). This delightful little book is filled with cartoons, puzzles, riddles and nostalgia. Topics include various specialties such as home health, OB, OR, ER; patients, visitors, doctors, night nurses and more. In addition to the cartoons, you might enjoy some of the trivia Morgan has provided. For instance, who played Ben Casey?¹, what gorgeous black female singer played a widowed RN raising a young son alone?², what was the name of the Marcus Welby's office nurse?³

If you're looking for clean, light humor, this book may fill the bill. To order you can send \$5.95 (plus \$1.95 S&H) to Deanne Morgan at 1527 A Douglas Avenue, Gardnerville, NV 89410. And be on the lookout for her next product, a series of nurse greeting cards.

Looking for something slightly more twisted? Then you're going to want to look for books by cartoonist **John Wise**. John is an RN who is turning a life-long interest into a second career. He boasts a large collection of rejection slips from the most prestigious publications. Burned out from years in the OR, Psych, ICU and PACU, he is considering the Foreign Legion . . . or Anesthesia School! Anyone who has ever even glanced at a copy of the *JNJ* will be familiar with John's work. As one of the primary illustrators, his work graces every issue.

John's first book, *Tales From the Bedside*, was published in 1991. When I interviewed him at that time, he was slightly disturbed that his book was once described as "cute." I'm not sure what source that came from, but I would never describe John's work as "cute." He rides that fine line of gallows humor, offending some, entertaining most. (See cartoon to right and page 19.)

For those of you wanting to include this sort of humor in presentations, John is a gold mine. For a reasonable fee, he will provide quality slides and transparencies. There is an order blank in his book.

For those of you who already are fortunate enough to own *Tales From the Bedside*, we have some great news! *Tales From the Bedside 2: Over The Counter* is

now available. It includes over 100 pages of outrageous cartoon humor for health care professionals and consumers. Copies of both books can be ordered directly from John for \$14.95 each (FL residents add 7% sales tax) at P.O. Box 5104, Clearwater, FL 34618.

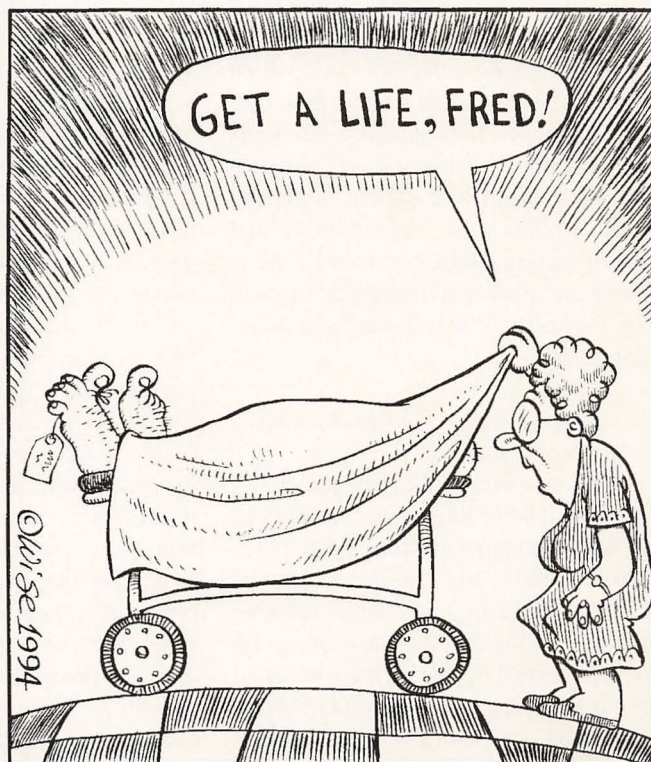
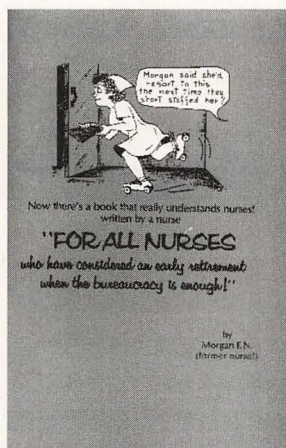
Last, but by no means least, is *Heart, Humor & Healing* edited by **Patty Wooten**, a.k.a. "Nancy Nurse." This book is an emotional roller coaster—and what a great ride! The touching quotes and anecdotes carefully chosen by Patty tugged at my heart, then cleansed me with laughter. The quotes included range from well-known celebrities to nurses, physicians, poets, musicians, patients, and many, many more.

Bittersweet pieces like this one will bring a smile to the lips and a glister to the eyes: "When three-year-old Carrie's blond curls were all gone and a little fuzz was starting to grow back, she observed with curiosity her father's balding head as he bent over to tie her shoe. 'Daddy,' she asked, 'is your hair coming or going?' — Carrie's mother."

To order this delightful book, send a check or money order of \$8.95 (\$3 S&H) to Jest For You, P.O. Box 4040, Davis, CA 95617. Patty will send you an autographed copy.

Enjoy! And until next time I remain . . . Yours in laughter! Karyn

¹ Vince Edwards ² Diahann Carroll ³ Consuelia



JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"



An Interview with Sandy Ritz

Sandy Ritz, MSN, MPH, NP is a public health doctoral student at the University of Hawaii. Her dissertation research explores how the survivors of disasters use humor. She received her BSN and NP degrees from the University of California at San Francisco in 1975 and her MSN and MPH degrees from University of Hawaii in 1981. She's worked as a nurse manager in a clinic for neck and back pain and as an independent nurse consultant for patients with chronic pain. She is now a legal nurse consultant and owner of MedicoLegal Research Services, which provides consultation and expert witness services for physicians, attorneys and insurance companies. Her interest in humor began with patients suffering from chronic pain. She noticed that humor facilitated their recovery. She is a frequent speaker and presents "Lighten Up Seriously!" for nurses and other caregivers.

Sandy, tell me about your research with disaster humor.

My research initially began studying the scope of humor and health as a public health phenomenon. I planned to look at culture and humor. I changed my focus after my experience working in Kauai following hurricane Iniki. As I was helping, I noted that there was a lot of humor going on. So I kept notes on comments, and then I'd draw cartoons

to capture the message. I have a year's worth of cartoons recorded.

One broad definition of culture means a shared perception. Disaster survivors create a disaster culture. A disaster is a situation where available resources are overwhelmed and people can no longer cope. Public health efforts, in a disaster situation, attempt to create a supportive environment for people to deal with adverse situations. We're supposed to help the survivors resume independent function by supporting their usual coping mechanisms. My agenda: if the role of health workers is to step in and support usual coping mechanisms, then they need to understand that humor is a coping mechanism for some people and for other people it's not. An understanding of humor can provide an assessment and an educational tool for public health workers.

In all the disaster literature, they talk about normal coping mechanisms, but no one's talking about humor. There's an occasional recommendation to "avoid grim humor" and "laughter's the best medicine." I'm attempting to look at humor as a therapeutic intervention for a community in crisis. I'm looking at the idea of using humor for community healing, bonding and respite. Survivors share the same experience and perception and therefore share the humor. Survivor humor is spontaneous. It is situationally-relevant and

actively produced by the survivors as a coping mechanism to laugh with each other and at the situation.

What is the hypothesis for your research project?

My hypothesis is twofold: Certain types of humor are associated with the emotional phases of disaster, and these emotional phases are associated with a type of humor. It goes both ways.

You mean the humor may shift, indicating a change of phases, or that the phase will change and their humor shift will follow?

Don't know yet. When I was helping in Kauai, I wasn't looking at phases. I was just recording humor. Then when I learned about the phases, I went back and looked at the cartoons. I saw that not only are there certain types of humor, but that you could tell what phase the survivors were in by the type of humor they liked. "Oh, he's in the disillusionment phase. He likes George Carlin's humor because he's pissed off." The type of humor the survivor uses or appreciates may be dependent on the phase of emotional recovery he or she is in. The humor used could be a useful indicator in the mental health assessment of the disaster survivor.

Can you explain these phases and what they mean?

Disaster Relief mental health specialists have identified emotional phases that survivors experience following a

disaster. Awareness of these phases can assist the public health disaster worker to understand and support the coping style used by survivors as they go through recovery. Different types of humor are used or avoided in each of these phases. Note that these phases are descriptive and not normative. Survivors may move back and forth between phases as circumstances change. An understanding of the humor used in each of these phases will help the worker support the use of humor as a coping strategy.

The **Heroic Phase**, occurs at the time of the impact and immediately after. At this time, much energy is spent helping others survive and recover, altruism is prominent and, if there is any humor, it is spontaneous and often not considered very funny to an outsider. It is used to relieve tension and overcome fear. For example: Two hikers, caught on the coast trail of Kauai when the hurricane struck, sang the theme song from Gilligan's Island. They kept up their spirits and dispelled their anxiety by reframing the situation in a comical format.

The **Honeymoon Phase** lasts from one week to six months. It is the phase of recovery optimism, where survivors feel supported by relief efforts, and feel a joy in being alive. They deny any negative emotions or difficulties. The humor is positive and upbeat. It is humor that laughs at the absurdity of the situation without a lot of anger. Examples are T-shirts with, "Landscaped by Iniki" or "House for sale—best deal of the century."

The **Disillusionment Phase** lasts from two months to two years, although I believe it can start as early as four days post-disaster. It is a time of grieving and feelings of disappointment, anger and resentment, as agencies and community groups become less involved and survivors rebuild their lives. Survivors feel isolated, angry and pessimistic. The disillusioned survivor is bitter and can easily be offended by attempts at humor. Aggressive humor expresses powerlessness through satire, ridicule and irony aimed at disaster workers and others in power. A T-shirt in Florida

after Hurricane Andrew said, "I survived Hurricane Andrew, but FEMA is killing me" (FEMA is the Federal Emergency Maintenance Association.) During this phase, joking from anyone perceived as an outsider, even disaster workers, is not appreciated by survivors and can be easily misinterpreted.

The **Reconstruction Phase** may last for several years. It is a time of rebuilding and recovery. Humor returns slowly and may reflect a sense of community. It can acknowledge collective fears, goals, problems, acceptance and adaptation to change.

Your research is pioneering a new way of understanding and evaluating disaster recovery.

Yes, no one has looked at humor from these established descriptive phases. We must understand that humor is a very complex communicative tool whose expression could be an assessment cue.

Can you describe your research methodology?

I am using twenty of my cartoons, five for each phase, as measurement tools. I am testing them on health care providers who've just completed a two day training in mental health disaster relief. They are asked to assign each cartoon to one of the phases of disaster recovery. Early testing suggests that those with prior disaster experience can identify the phases more accurately than those who've only learned it in the classroom. Maybe it's because they've already shared the disaster culture. We are testing each cartoon for clarity and to see if it represents the phase I predict.

We're finding certain cartoons are very regional, and some workers don't get the implications. For example, in California, the workers didn't understand the one about the guy who runs for the ice, past all the free food and money. Right after a hurricane, it's so darn hot and there's no electricity, so your main concern is keeping your food and drinks cold. Money doesn't really matter that much yet. So that cartoon is too region-specific. I want my test cartoons to reflect universal, shared survivor humor, no matter what the type of disaster.

Another example: After the fires that destroyed over 500 homes in Santa Barbara, men made up T-shirts that said, "My chimney's bigger than your chimney." After a firestorm only the chimneys are left. People in Hawaii don't have chimneys, so they don't get it. After testing the cartoons, I'll survey experienced disaster mental health specialists to validate the association between the humor in these cartoons and the phases.

Are you going to use these cartoons with the survivors as well as the workers?

I have a real concern with the ethics of doing research on disaster survivors. In the middle of a disaster you need to pull up your sleeves and start helping. Testing these cartoons on survivors could uncover strong emotions. Humor and tears are just too close. The researcher would have the responsibility to provide appropriate and adequate support for the survivors through the expression of those feelings.

We know that survivors use humor and workers use humor. Is there any difference in the types of humor used?

Workers use humor to offset *compassion fatigue*. They may use a type of humor that survivors would find offensive. At the same time the survivors' humor may be unappreciated by the workers. If they overhear each other, resentment could arise and block the communication and caring aspects of the helping. There are certainly implications for further research in this area.

Why is it important for nurses to understand survivor humor?

Anyone can be confronted with a disaster. Nurses in particular may be called upon to help, work and live in horrendous conditions. We need to develop humor skills as a coping strategy now, including the ability to actively produce spontaneous humor. So, when faced with the adversities of disaster recovery, these skills can be called upon to help relieve tension, manage stress and reframe perspective. Survivor humor in a disaster can help you cope and maintain hope.



Bubbly-ography

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

A Change of Heart: On the Cutting Edge of Laughter by James Chapin relates the often hilarious, often touching episodes of his career in film & television and the medical miracle of his 1988 heart transplant. Chapin faced the shock & fear of terminal heart disease with unusual lightheartedness: Laughter became his prescription for survival. Cost: \$24.95 from Cypress House Press, 155 Cypress St, Ft. Bragg, CA 95437.

The Laws of Legal Nurse Consulting by Paula Woo, RN, who gave up her "day job" at a local hospital to pursue a career as an independent legal nurse consultant. It is filled with such gems as "The most important information on any medical record is on the edge which was torn." and "The trial will always begin on a date that ruins your life." Cost: \$7.50ppd. Medical Quality Services, 6022 Washington Ave, Whittier, CA 90601.

SATIRE, a 100 page, literary quarterly of satiric humor. Stories, essays, articles, cartoons and verse. Sample copy: \$5.50 ppd. Annual subscription: \$16.00 (in U.S. Funds). Not devoted to the field of medicine, but does "go for the throat." Checks or money orders to: SATIRE, P.O. Box 340 Hancock, MD 21750.

Workshops and Seminars

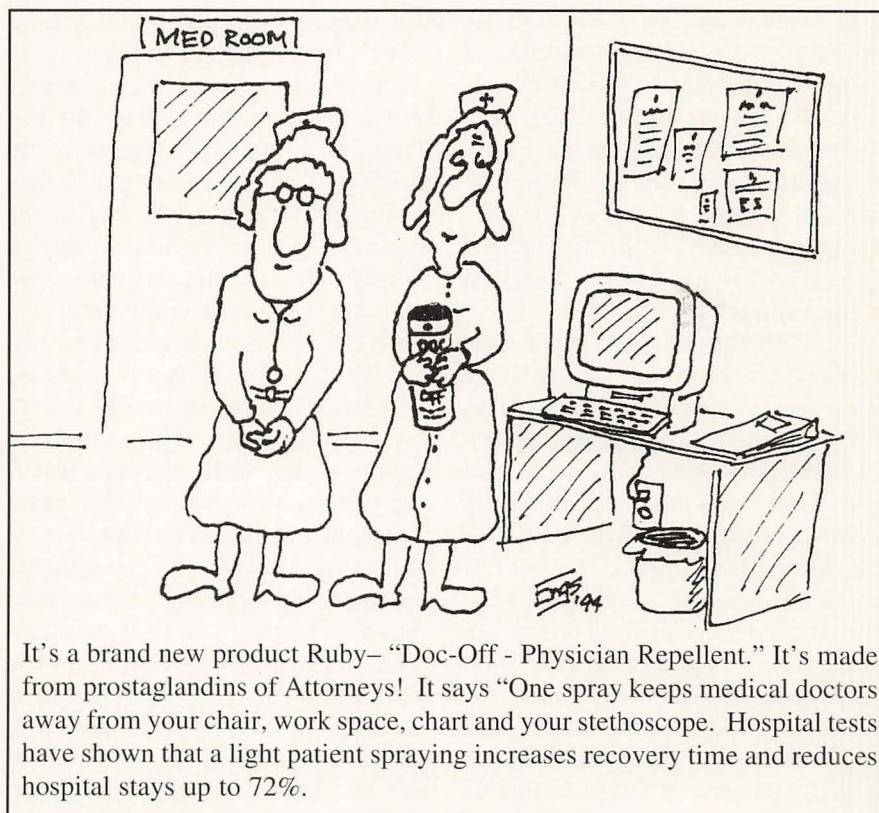
The Positive Power of Humor and Creativity. 10th annual international conference to be held April 28-30, 1995. Features special pre-conference workshop by Joel Goodman along with dozens of dynamic keynotes and practical workshops. For brochure, contact The HUMOR Project, Dept. JNJ, 110 Spring St., Saratoga Springs, NY 12866 or call 518-587-8770.

The Power of Laughter and Play, a conference discussing the role of humor in health, caregiving and work will be held March 24-26, 1995 at the Cathedral Hill Hotel in San Francisco. Continuing education credits avail-

able. Presentors include: Steve Allen & Steve Allen, Jr., O. Carl Simonton, Matt Weinstein, Annette Goodheart, Peter Alsop, Joann Loulan & Erin Sommerville. For more info: 415-851-8411 or fax 515-851-0406.

Humor Research Books & Articles

Playfair—Everybody's guide to non-competitive play. Matt Weinstein, director of Playfair and Joel Goodman, director of The HUMOR Project give us this delightful book that teaches noncompetitive games to make your work or social group more cohesive. Games designed for all size groups. For info write: Impact Publishers, P.O. Box 1094, San Luis Obispo, CA 93406.



Laughter the Universal Language is a home study course by Leslie Gibson, RN. It provides suggestions to improve the skills for developing a sense of humor which can help bridge cultural, economic or physical boundaries. When completed, this fully accredited course will earn you 10 contact hours. For info write: Morton Plant Health Ventures 430 Park Place Blvd., Suite 100, Clearwater FL 34619.

The Use of Humor in Psychotherapy addresses therapeutic laughter, crying, grief, joy, jokes, mental health, anxiety, psychotherapy and humorless analysts. Edited by Dr. Herbert Streat. Send \$22ppd to Janson Aronson, Inc., 1205 O'Neill Hwy, Dunmore, PA 18512 or call 1-800-782-0015. NY, NJ and PA residents should add sales tax.

Therapeutic Humor Newsletters

The Friends Network® Funletter™ is a unique activities letter designed especially for children with cancer and their families. It is a one-of-a-kind publication which stretches the imagination and sparks ideas that encourage kids to use the resources around and inside themselves to fight cancer

with hope. Free with suggested donation. Published bi-monthly. 955 La Paz Rd., Santa Barbara, CA 93108 (805)565-7031.

Making Wellness Fun! is a quarterly newsletter by humorist and wellness leader Leigh Anne Jasheway that offers creative, fun, and funny ideas for getting your wellness message across. You can use material from the publication in your own newsletters, fliers, on t-shirts or in any way that you want! Send \$20 to Making Wellness Fun, c/o Leigh Anne Jasheway, 3247 Crocker Rd., Eugene, OR 97404.

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Uncle Stan Presents "Drugs" is a reprint of "The Catalogue of Drugs, Chemicals, Medicines, and Sundries," a 1904 distribution by Sears and Roebuck. Represented were nearly every patent medicine available at a time when the FDA was merely a pipedream of some, and a nightmare of others. For this 100-page bit of history send \$8.50ppd to The Animating Apothecary, 201 Arcadia Blvd #310, Battle Creek, MI 49017.

Mirth Aid Kit by Helen Stucky Risdon, RN, (a.k.a. Sister Sue). When an ego is bruised or a smile has fallen, reach for the Mirth Aid Kit. This starter kit contains instructions & 11 different items to help relieve stress and elevate the spirit. Send \$7 + \$3 S&H to: Sister Sue's Monkey Business, 968 Parallel Rd, Blue Rapids, KS 66411.

Audio & Video Tapes,

Humor: The Good, The Bad and The Ugly by Karyn Buxman. Humor: What's appropriate, what's not? Is there a place for sick humor? What about "Gallows Humor"? Hear examples of humor at its best and at its worst. 80 min. video tape of a live performance at the Disneyland Hotel. (\$39.95 + \$3 S&H). Send check or M.O. to HUMORx, PO Box 1273, Hannibal, MO 63401-1273. Credit Card Orders: 800-747-0738.

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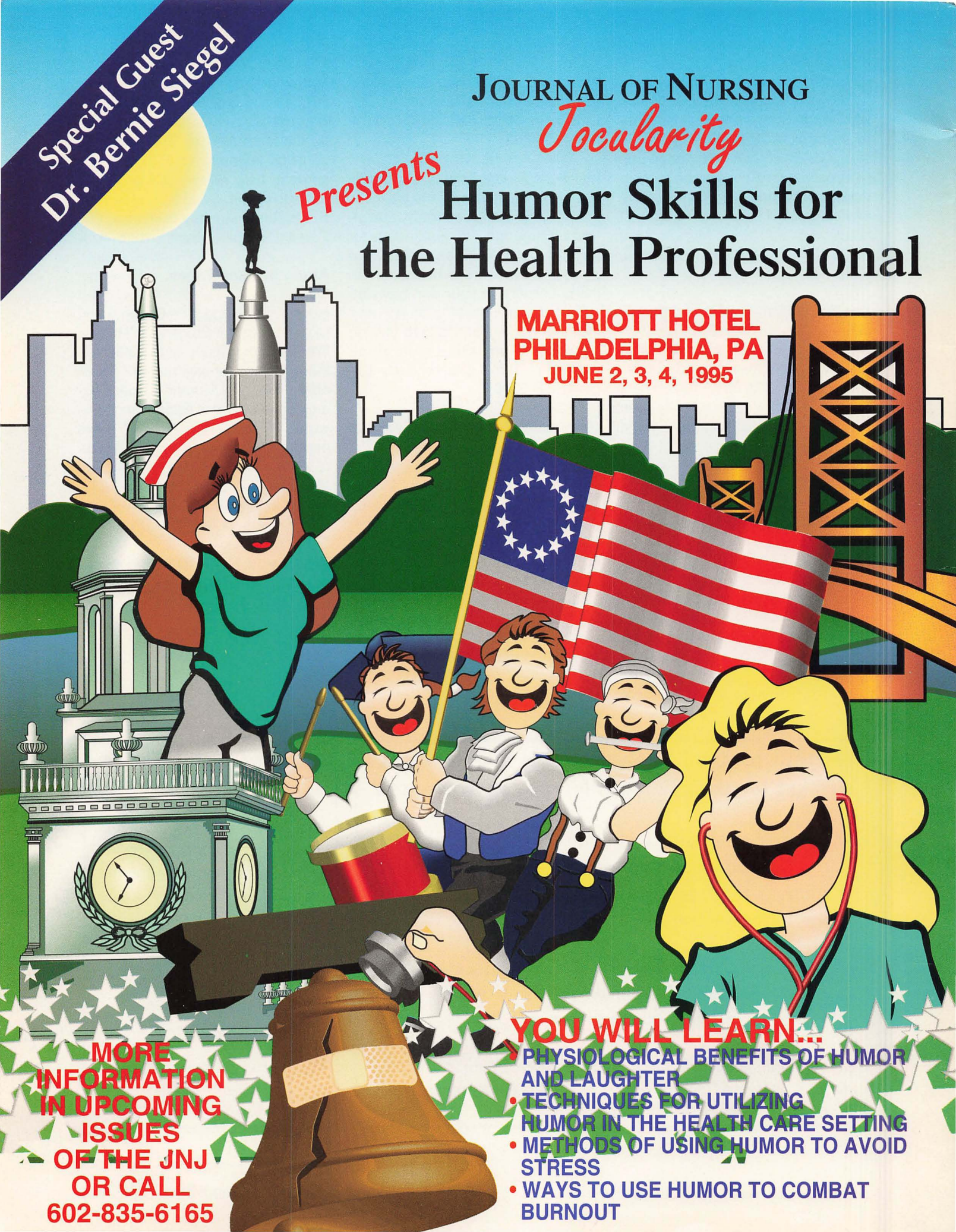
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